

# **CHILD SEXUAL ABUSE**

**Prevention And Basic Psychosocial  
Interventions**

***Madras NGO Forum for Street Children***



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# **A Report of the Workshop on Child Sexual Abuse and Exploitation; Prevention and Basic Psychosocial Interventions**

**18th to 22nd February 2003**

**Mamallapuram, India.**

*Organised by* : Madras NGO Forum for Street Children,

*Supported by* : Child Hope Asia, Philippines.

*Funded by* : Kinderen inde Knel



Printed at

**Lakshmi Priya Colour Lab**

2/1-F, Kummalamman Koil Street,  
Chennai-81.

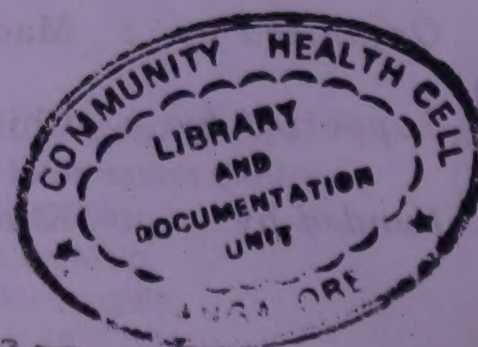
Published by

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CH-300

08434

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## PREFACE

Child sexual abuse is a term-looked alien to many families and parents till a number of cases started appearing in the news. Unfortunately our culture and tradition did not provide for a gradual and logical education of sex and sexuality to our children. As a result a total misconception engulf our children's mind with a feeling of guilt even to think of it.

This state of child's innocence and lack of knowledge goes in favour of the adult to rule in the wants and desires of the children, invariably abuse them. The voice of the voiceless is an alarming sign about the gravity of the problem hidden with in clutches. Children are facing the threat: Irrespective of caste, creed, religion and background. Not all children are safe within families in our society.

Street Children are most vulnerable to sexual abuse and are highly at risk of exploitation. With these causes of concern a South India Workshop on Child Sexual Abuse and Exploitation; Prevention and Basic Psychosocial Interventions was organized by Madras NGO Forum for Street Children in collaboration with Child hope Asia Philippines. Kinderen in De Knel, The Netherlands, extended the financial support.

We would like to thank Ms. Teresita L. Silva, President Childhope Asia Philippines and Ms. Nancyline Agaid the resource person from the Philippines for proposing to conduct the workshop in Chennai. My gratitude to Don Bosco Anbu Illam, Chennai for the financial transactions and the members of Madras NGO Forum for Street Children for sharing responsibilities to conduct the workshop successfully.

The credit of compiling this report is with Dr. M. B. Pavithra. My thanks are due to Tamil Nadu NGO Forum for Street and Working Children and to all the organisations and participants from NGOs in Tamil Nadu, Andhra Pradesh and Karnataka who will be enriching our society by preventing child sexual abuse and effectively intervening in the lives of victims of child sexual abuse psychosocially.

This report not only gives an account of the deliberations of the workshop but also will be a useful resource material for those who seek to protect children from sexual abuse

**N. PAUL SUNDER SINGH**

Convener.

Madras NGO Forum for Street Children.



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# INTRODUCTION

India is facing the most distressing problem today. The plight of the little ones in this situation is more than a misery. We are guilty of many errors and faults of abandoning, neglecting and turning a Nelson's eye towards their helplessness. The preventive system, which exists, in the country is no more contributing to such marginalized children. *Therefore it was found fit to conduct a training workshop on Child sexual abuse and exploitation, prevention and basic psychosocial intervention.*

The Madras NGO Forum for street children took the responsibility of conducting the workshop on Child Sexual Abuse with the support of Child Hope Asia Philippines. The training module, resource methods and the resource person were from child hope Asia Philippines. The training was attended by the social workers who are directly working with street children on the streets, in the community or centre based. 24 participants were from 24 districts of the Tamil Nadu, 1 from Bangalore and 1 from Hyderabad totally 26. The workshop was held from 18th to 22nd February 2003 on a residential basis at Mamalla Beach Resort, Mamallapuram.

This workshop was to educate the Non Governmental Organisations, to understand the problem, explore and learn strategies to prevent children from sexual abuse. This is a kind of investment scheme where the value of the shares increase every time you give them away to children.

## GOAL

To enhance the knowledge and skills of service providers on protective behaviour for the prevention of child sexual abuse

## SPECIFIC OBJECTIVES OF THE WORKSHOP

For the participants to be able to

1. Discuss and analyse the situation of abused / exploited children and acquire additional knowledge on the effects and dynamics of child abuse.
2. Acquire knowledge of the concepts of the protective behaviour program and increase awareness of the protective rights of children from abuse and exploitation.
3. Acquire knowledge of the concept of safety in relation to the prevention of child abuse and identify ways for the parents to help children address difficult situations and practice range of safe opinions;
4. Discuss and analyse the theoretical perspective of child abuse and be aware of internal bodily indicators that do not make a person feel safe.
5. Share community mobilization interventions versus child sexual abuse at the community level and identify community resources available to child survivors, and,
6. Formulate plan of action for implementation in their respective communities / area



## INAUGURAL SESSION

The Inaugural function of the workshop was held at Mamalla beach resort on 18<sup>th</sup> February at 10.30 am. The session started with an invocation.

**Mr. N. Paul Sunder Singh**, *Convenor of the Madras NGO Forum for street children* delivered the welcome address. He gave a brief note on the Madras NGO Forum and also narrated his association with it. The Guests were honoured by presenting shawls and memorandum. **Ms. Nancyline Agaid**, *Social Worker, Street Children Project, Child Hope Asia, Philippines*, felicitated the gathering. **Fr. Thomas Kurien**, *Director, CReNEO*, highlighted the significance of the workshop to the audience.

The Chief Guest was **Mrs. Kannagi Packiyanathan, IAS**, *Director, National Commission for Schedule Caste and Scheduled Tribe*. This workshop was inaugurated by lighting the kuthuvillakku, the traditional lamp. Mrs. Kannagi Packiyanathan, IAS, delivered an inspiring speech, which gave an excellent insight about the concept of the workshop.

As she started with a very apt verse from the Holy Bible, wherein it is said that,

"Let the children come to me and do not stop them because the kingdom of heaven belong to such as these

"Mathew 19:4

Happiness shared is happiness doubled. It is so consoling to note that the Hon'ble President of our Nation Dr. A.P.J. Abdul Kalam shares his happiness with children and even with those unfortunate ones thus brightening up their lives. This message "love of God grows by loving children as His children" has to spread making a good difference in their lives.

The children to whom we serve are like clean slate / empty cassette. They register the inputs we give. If such inputs are going to be harsh realities of life, then we are abusing them and robbing them off their childhood. Instead, if we ensure that they get all the pleasures of childhood and learn the right things in the right way then that will be a healthy transit point for them to lead a better life.

### SEXUAL ABUSE: WHEN IT STARTS?

Unfortunately the abuse happens to the child at the foetal stage, when it is in the womb. This abuse continues until it reaches the tomb, giving full meaning to the quotation, "*Womb to the tomb*"

The abuse takes different forms such as foeticide, sex selective abortions, abortions due to illegitimacy, female infanticide, killing infants due to various socio-economic reasons, sexual exploitation of children, child labour etc.



## PRAGMATIC PURVIEW OF CHILD ABUSE

The real life incidences, which were encountered, are described below:

- In Thiruvanamalai, a drunkard father regularly sends his little daughter to procure his daily supply of liquor from the liquor shop.
- In Sivagangai, lots of child labourers are victimised and exploited in the cracker industry. Many killed and seriously injured in the fire accidents, which happens in the industry very frequently.
- Even in the traffic signals and tollgates, small babies with thick blood stained bandages on their forehead were found dozing off on the shoulders of the women, who exhibit them and beg. Obviously, they are

### ***“Doped to dupe the public monetarily”***

To deal with such problems the Government also takes interest in taking care of the children from the womb till they finish schooling. There are schemes offering financial assistance to pregnant women, which in turn will help them to give birth to a healthy baby.

Schemes are there to give incentives for educating girl children. A girl child studying in the Primary school is given Rs 500/- and girls studying in high schools are given Rs.1000/- per annum. Role of UNICEF, Juvenile Guidance Bureau, Child Line are highly appreciated. Instead of remaining as silent spectators to the harsh realities that the future generation are exposed to, each one of them tried very hard to make a difference to the children they deal with.

## SUGGESTIONS

- Highlighting the incident of the physical abuse of a 12th std. student by a teacher, she requested the NGO people to survey each and every school and to speak to the teachers who are unfriendly towards their student.
- The abused children can be met by the NGO's even at their residences and awareness about the assistances available can be made.
- She expressed her anxiety and hope that like in western countries, India also had the facility of ***marked homes***. Children in distress can immediately seek refuge at these places.
- The children who are abused by the mentally ill parents can be given due assistance to cope out of the situation.
- Proper counselling can be given to the parents to educate their children, instead of sending them to work / begging etc.

**Mr. Joseph, Karunalaya**, compered the inaugural function. **Ms. Vidhya, ICCW**, proposed the vote of thanks.



## **SESSION - I**

The first session was started off by Ms. Nancyline Agaid at 11.30 am.

### **GROUP ACTIVITY - 1**

Coloured cards were distributed among the participants and they were asked to write their name in bold letters. Then the participants were asked to stand in a circle. A ball of coloured woollen thread was brought. Holding on to the end of the woollen ball, the participants were told to toss it from one person to another. The person who gets the ball has to hold on to the thread and continue to throw the ball on to somebody else. The woollen thread in the ball started to spread out and more coloured threads were attached to it. This game continued until everybody had his or her hand on a point of the thread. Then, the participants were told to close up so that, only a single colour of the thread remained. The resulting pattern was stuck on the adjacent wall and the participants were told to paste the coloured name cards on the woollen thread at a point where they were holding it. When they leave the workshop hall, they would paste the card on the wall and when they are present they would have it on them.

### **OUT COME**

The purpose of such an activity is to enhance the team spirit, improve networking, give and take attitude, cooperation and communication. All the participants are here for a cause. They are people from different fields. What should be common among everybody is unity.

Each and every one is important, has a role to play. The goal of the game, it was said, was to form a shape. Hence to achieve this, the participants had to give up personal differences and cooperate. Even if they loose one end the result will not be perfect. Hence, there was lots of interaction and sharing. As a result a sense of unity evolved. This is also a unique way of checking whether everyone is present for all the sessions in the workshop hall.

### **SHORT INTRODUCTION ABOUT CHILD HOPE ASIA, PHILIPINES**

Ms. Nancyline Agaid then proceeded with a short introduction about Child Hope Asia, Philippines and about herself. She is a social worker for the past 19yrs of which 6 years she spent working for street children. She conducts regional training workshops and talks about specific issues of street children in different countries. CHILDSHOPE is an international, non-profit, non-political, non-sectarian organization whose principal purpose is to advocate for the cause of street children throughout the world. It works toward the liberation of the child from the suffering caused by working and living on the street.

There are millions of impoverished children on the street in the world. In different countries, there are various alternatives for street children but these initiatives are limited. The role of CHILDSHOPE is to act as a facilitator among the different organizations and bring them together and work with them in defending the rights of the street children.



CHILDHOPE believes the world community-local, state, and national-if challenged, can and will answer out a sense of justice and compassion with a resounding 'WE DO CARE'.

## **ITS BEGINNINGS**

CHILDHOPE was founded in 1986 by individuals from children's agencies who saw the need for an international effort specifically on behalf of street children. Its Board of Directors included representatives from international children's agencies and individuals who work directly with street children.

CHILDHOPE Regional Office for Asia was established in July 1989 after the First Regional Conference of Street Children in Asia held in Manila in May 1989. Participants in the conference recognized CHILDHOPE as the organization that will initiate networking and collaboration among the different agencies working for street children in the Southeast Asian region. In 1991, it started to respond to requests for information and technical assistance from South Asia.

In 1995, CHILDHOPE officially became CHILDHOPE ASIA PHILIPPINES, Inc. as registered under the Securities and Exchange Commission.

## **SESSION - II**

The second session started immediately after the lunch break at 1.45pm. Ms. Nancyline Agaid conducted this session.

### **GROUP ACTIVITY - II**

The participants of the workshop were request to tell out the number 1,2,3 & 4, loudly. Now each one of had one of the four numbers. The '1's, '2's, '3' & '4's were told to form groups. Four queries were assigned to them. i.e., they should find out

- The names of the participants
- The organisations where they work
- The objectives and activities of the organisation
- Their role in the organisation

They were given 5 minutes to discuss about these issues among them.

## **OUTCOME**

The purpose of this activity is to bring out a working co-ordination, co-operation, collaboration and exchange of programmes. While talking about the programs of all the organisations the participants also came to know about several issues, which were being dealt by the NGOs. Some of them also obtained new insights about the problems, which even they are dealing with, and novel methods of dealing with them.



### **GROUP ACTIVITY - III**

Four coloured cards were distributed to each group and a few questions were given to them. The participants were told to write the answers for each question separately in one of the coloured cards

The questions were

1. What topics / subject matter would you like to be discussed / included in the seminar based on your need.
2. What training methodology would you prefer in the conduct of the training?
3. What are your expectations from the resource person?
4. What do you expect from the participant to make the workshop more fruitful?
5. How can I personally contribute to the achievement of the goals / objectives of the training workshop?

### **OUTCOME**

The participants preferred to discuss the following topics:

- ✓ All details about child abuse
- ✓ Details on exploitation of children
- ✓ Psycho-social and legal redressal
- ✓ Methods of preventing child sexual abuse
- ✓ Profile and symptoms of sexually abused children
- ✓ Counselling methods
- ✓ Legal points

The training methodology which was preferred by them were

- ✓ Group discussions
- ✓ Role plays
- ✓ Lectures
- ✓ Experience sharing sessions
- ✓ Audio-visuals
- ✓ Games
- ✓ Conducting case-studies



Further they expected that the resource persons could provide them

- ✓ The true perception of child sexual abuse in India
- ✓ The Philippine experience with child sexual abuse

They also felt that good cooperation and participation of the co-participants would make the program more successful. Personally most of them were ready to give in their best to make the program better.

This activity is mainly to understand the expectations set by the participants and the level of their expectations.

### **SESSION - III**

The third session started at 3.35pm. **Mr. Arul raj**, Lecturer, Department of social work, Loyola College handled the session very effectively.

The main difference between a seminar and a workshop is; in a seminar there is only one-way communication, a person speaks and the audience listen to it. Whereas in a workshop there is a two-way communication, both the resource person and participants interact and communicate with each other for an effective purpose. The three important points, which describe a workshop, is **"ASK"**, i.e., **"Attitude, Skill and Knowledge"**.

Making a difference in the Attitude of the children will help in the long run in creating a meaningful difference in their lives. The mindset of the individual should be reoriented positively. For e.g.

While traveling in a train from Madras to Bombay, on reaching the destination we tend to say, "Bombay has come, we have to get down" – This shows that we never allow ourselves to take pride in anything we do. The same can also be said as "We have come to Bombay". The difference is great. The second sentence shows the self-reliant confidence in a person.

Such an attitude can be brought about by a social worker only when there is good use of their skills to accomplish and sufficient knowledge about the people with whom they work with and work for. Hence in a workshop it is up to the participants to ASK and get what they need. Several incidences of child abuse happened even as the workshop was taking place. They were flashed in the newspapers as sensitive coverage of the happenings around the city. But in India cases of child abuse are generally not reported for the fear of social castration. According to the 1993 statistics, for every 10000 children 29 were abused. Children of both the sexes were abused. Most of these abuses happen inside the house. In Calcutta around 80% of the child sexual abuse takes place within the house. These child abuses can be



a. *Physical in nature* – such as poisoning or even leading to severe injury to the body or mainly to the brain causing irrecoverable damage.

b. *Emotional in nature* – causing negative repercussions to the personality of the child

### **CAUSES OF CHILD ABUSE**

1. Poverty
2. Lack of education
3. Mobility (Migration)
4. Serious marital problems
5. Family violence
6. Lack of extended family support
7. Loneliness, social isolation
8. Unemployment
9. Inadequate accommodation
10. Parent's unrealistic expectation
11. Lack of parenting skills
12. Low self esteem
13. Depression
14. Alcoholism & drug abuse
15. Mental or physical ill health
16. Work pressure

### **HOW TO PREVENT CHILD SEXUAL ABUSE?**

So far there are 11 legislations in India just for the purpose of protecting the rights of the child. The United Nations also has identified 6 basic rights, which a child should have.

They are

Right to

- ★ Food and Health
- ★ Shelter
- ★ Education
- ★ Protection from abuse
- ★ Love and security
- ★ Leisure and play



## **HOW CAN YOU LOCATE A VICTIM OF CHILD ABUSE OR THE WITNESS TO THAT INCIDENCE?**

The victims of child abuse usually exhibit the following characteristics

- ★ They turn to rebel against everything and anything
- ★ They are hostile
- ★ Angry
- ★ Introverted
- ★ Physically injured
- ★ Timid and shy
- ★ Lack of resources
- ★ Frustrated
- ★ Delayed physical, emotional and mental development
- ★ Traumatized
- ★ Sleeplessness leading to physical weakness or illness
- ★ Involve in sexual activities

Such an unfortunate experience during the childhood leads to

- ★ Teenage pregnancies
- ★ Street children
- ★ Drug abuse
- ★ Family violence
- ★ Broken homes
- ★ Sibling violence

## **STATISTICS ON CHILD SEXUAL ABUSE IN INDIA**

According to a study released in 1997 by the Sakshi Violence Intervention Center, based on a survey done with 350 school girls in New Delhi, India:

- ★ 63% of the girls had experienced child sexual abuse at the hands of family members.
- ★ 25% of the girls had been raped, forced to masturbate the perpetrator, or forced to perform oral sex.
- ★ One-third of the girls said the perpetrator had been a father, grandfather or male friend of the family.



In a 1999 report by the Tata Institute of Social Sciences, a study done in 1994 and 1995 with 150 minor-age girls in Bombay, India showed:

- ★ 58 of the girls surveyed had been sexually abused before age 10.
- ★ Of this number, a family member or friend of the family had abused 50.

Another study was done in 1997 by RAHI, a Delhi-based organization. This study focused on 1,000 English-speaking middle and upper class women living in Delhi, Bombay, Madras, Calcutta and Goa. Majority were graduate and under-graduate students. Findings from this study showed:

- ★ 76% of respondents had been sexually abused as children
- ★ 31% of these by someone they knew and 40% by a family member.
- ★ 71% had been abused either by relatives or someone they knew and trusted.
- ★ 48% had been abused by a single abuser, 52% had been abused by two or more abusers - meaning the majority of women had multiple perpetrators.
- ★ Abuse for 11% of the survivors occurred once in their lives while 42% were subjected to the abuse many times at different times of their lives either by the same abuser or different abusers at different times.
- ★ 50% of the abuse took place when the survivors were under 12 years of age
- ★ 35% had been abused between 12-16 years of age.

The significance of this is that victims were almost always in the care or company of some family member, caretaker or known person.

- ★ 68% of those who had been abused were living in nuclear families, 16% in nuclear families that included grandparents, and 15% in extended families that comprised other relatives.
- ★ 60% said their mothers were housewives and 40% said their mothers were employed outside the home.
- ★ 54% of the survivors had told someone about the abuse compared to 36% who did not.
- ★ Most of those who disclosed did so voluntarily. In a few cases, an older person discovered the abuse. 30% told a friend, 26% told their mothers, 12% told a sister, 9% told both parents. Only 2% had been to a therapist or counselor.



The main reasons given for not telling anyone about the abuse were:

- ★ wanting to forget it happened (23%)
- ★ Fear of what people would think of them (14%)
- ★ Self-blame for the abuse (11%)
- ★ Not having anyone to trust (11%)
- ★ 3% did not tell because the abuser had threatened them
- ★ 1% did not tell because the abuser bribed them.

The overwhelming responses to disclosure of abuse by the victims were:

- ★ Anger at the perpetrator
- ★ Disbelief in the victim
- ★ Denial.
- ★ The actions that followed most often did not involve confrontation of perpetrator.

According to the study the most often cited long-lasting effects of the sexual abuse were:

- ★ Lack of self-confidence,
- ★ Inability to express feelings,
- ★ Inability to trust people,
- ★ Feeling angry at the world most of the time.

Other effects included:

- ★ Avoiding sex or compulsively seeking it out,
- ★ Experiencing chronic aches and pains,
- ★ Use of drugs and alcohol.

A 1996 study done in Bangalore by Samvada with high school students showed:

- ★ 47% of respondents had been sexually abused;
- ★ 62% of whom had been raped once
- ★ 38% of whom had suffered repeated violations.

Where vaginal and/or oral penetration were involved.

- ★ 32% of the girls had been under age.



Where abuse did not involve penetration,

- ★ 13% had been under age 10.
- ★ 64% of those whose abuse involved penetration made total disclosure,
- ★ 20% made partial disclosure.

Self-blame went up as the “seriousness” of the abuse increased;

- ★ 37% of those who were molested blamed themselves compared to 50% of those whose abuse involved penetration.
- ★ Where families placed great emphasis on virginity and equated it with purity, virtue and family honor (izzat), the victims felt greater sense of shame, self-contempt, anger, and felt compelled to keep quiet about the abuse.
- ★ Many of the respondents who feared the person abusing them continued to feel it at the present time.
- ★ Those who felt anger wished they could retaliate. Those whose desire for revenge (or justice) did not materialize began feeling helpless.

Asked what they expected as a result of the abuse,

- ★ 31% called for prevention;
- ★ 17% said society needed to talk about sex;
- ★ 13% said women should fight back
- ★ 3% said girl children should learn martial arts;
- ★ 8% said victim assistance should be available;
- ★ 14% said abusers should be punished;
- 1% said abusers should be helped.

So that being the Indian scenario, lets also peep into the American conditions, which is worth noticing. A report published in a 1992 issue of Lears Magazine looked at a study of 118 American fathers by sociologists David Finkelhor and Linda Meyer Williams:

26% of fathers who sexually abused their daughters said that they were preoccupied with their daughters’ physical characteristics – feel of skin and smell of body.

Many of these men regarded their daughters as sex objects from birth.

- ★ 33% of fathers in the study became sexually interested in their daughters at puberty and said they were “transfixed by her body’s change.”



- ★ 20% of respondents said they used their daughters' bodies as "a receptacle" for self-gratification. These 20% abused sporadically, worried about the harm they were causing and felt great guilt. To alleviate their guilt some of these men convinced themselves that their daughters were aroused by the abuse.
- ★ A little over 10% of respondents saw themselves as failures and looked to their daughters for "close, exclusive, emotionally dependent relationships including sexual gratification."
- ★ 10% abused their daughters out of anger at their wives for various reasons - neglecting the husband, leaving husband, prioritizing daughter over husband. Sometimes the daughters were abused because they resembled their mothers. Sometimes fathers wanted to desecrate their daughters or possess them out of angry sense of entitlement.
- ★ 33% of the respondents in the study reported being under the influence of alcohol when they committed the abuse, 10% on drugs, and 9% on both alcohol and drugs to reduce their inhibitions to abuse.
- ★ The average age of the daughters of the men participating in the study was 6-7 years.

## SESSION - IV

The fourth session started at 5.15pm by Nancyline Agaid. After a brief description of the Goal and the Specific Objectives of the workshop, the Stark realities of ***child abuse, exploitation and discrimination, which is happening in Philippines***, were described.

1. Out of the 2,802 cases of child abuse reported nationwide in 1996, 76.7% were committed against girl children.
2. Region 5 or the Bicol region had the increased incidence of cases of child abuse with 899 cases reported or 36% in 1996. 571 or 63% of the cases were committed against children of which majority is sexual abuse.
3. The most common form of abuse committed against female children in all regions nationwide is sexual abuse (69.6%) followed by neglect and abandonment (9%) and child labour (8.3%). On the other hand the most common form of abuse for boy children is neglect and or abandonment (39%) followed by youth offender (187 or 28.4%) and physical abuse (4.7%).
4. The average age of a abused girl child is 12.02 years while that of boy child is 9.95 years.



5. Majority of the children were in the elementary grade, when the abuse was committed or reported.
6. Almost all of the abused children come from very poor family.
7. 55.6% of the reported perpetrators were family members or known to the child. Father, step-father, grand father or step brothers – even biological parents abuse their children.
8. While there was no uniform code of recording data, certain studies indicate that 32.6% of the abuse were not one shot incidents but rather repeated abuse that went on for a year or more.
9. The primary reason cited in the reports for the abuses was parental neglect. Parents, especially, the mother also had to work or do something else, were often not around when the abuse happened. Other reasons cited were proximity of the victim to the perpetrator, both physical as well as psychological and the perpetrator being under the influence of pornographic films, drugs or alcohol.
10. In terms of symptoms of abuse, the behavioural and moral response e.g., responsiveness or lack of it restlessness, slowness of movement, lethargy, untidiness, boyish manners, crying for attention, seeking addiction to drugs or cigarettes had the higher incidences (38.3%). Males seemed to have more psychological response than the females. We had more problems with violence control manifestation and affective / attitudinal response.
11. Most of the cases were first brought to the attention of local services, such as, Manila Department of social Welfare, DSWD etc. 39.7% approached the police and 32.6% went to the Barangay council.

\* \* \* \* \*



The session started at 8.15am with a short recap of the previous days programme by few participants

## **SESSION - V**

Ms Nancyline Agaid started the session with a small prayer and an exercise. The exercise was to form the numerals 1 – 10 using the legs, hands, hip and the lip movement without moving any other part of the body.

This session was about the *Psychodynamics of the sexually abused children*. This was based on a study done by two psychiatrists in Phillippines. Psychodynamics basically means the activities which take place in the mind of sexually abused children. Two categories were described

### **1. THE INNER WORLD / CONSEQUENCES**

- ✦ Mistrustful and suspicious of other peoples motives.
- ✦ Usually malicious even if attracted to the opposite sex
- ✦ Because of low self-esteem, she always feels guilty and ashamed
- ✦ Her doubts of others and low self confidence go hand in hand with feelings of denial and fear
- ✦ Possesses a strong sexual drive, stubborn, an attention seeker, restless and moody
- ✦ On the whole, children in this group are slow in understanding or comprehension
- ✦ They are more organised in their thinking
- ✦ Because of their experience, they commonly deny, mask and evade their problems. These are the children who are passive and always crying to lighten up their burden and distraught
- ✦ Deep feeling of rage and loss. The sense reflects the survivors sense of violation and realisation that she has lost something that cannot be regained, such as, "innocence, virginity and personhood".

### **2. PERCEPTION OF FAMILY AND OTHER PERSONS**

- ✦ Perceive their mother as cruel, punitive, always angry and unloving
- ✦ Father is drunkard, negligent, abusive and always betraying
- ✦ Peers make them happy, are helpful, generous and nurturing
- ✦ Males according to them are bad, rapists, maniacs and abusers
- ✦ They want to finish their studies



All these concepts were explained to the participants by a simple exercise and they understood the repercussions of child sexual abuse.

#### **GROUP ACTIVITY - IV**

3 men were selected from among the participants. A situation was explained to them and their reaction to such a situation was asked for. The situation was

The person has to imagine that he was in love with a girl for 5 years or more. They were about to get married in a month. At this time the girl was raped by somebody. Will this person still marry the girl or step back from the marriage?

#### **OUTCOME**

One person agreed that he will continue to love the girl and get wedded to her. Two of them said they will step back, because of the fear of the society and to avoid any bad situations which might arise in their life later. They also described what types of practical difficulties are there in this. That was precisely the psychodynamics of sexually abused children. They have the following behavioural pattern.

#### **BEHAVIOURAL PATTERN OF SEXUALLY ABUSED CHILDREN.**

- ✦ Deep, overwhelming feeling of sadness, pain, despair
- ✦ Suicidal tendencies, feeling of being killed, no reason to live
- ✦ Feelings of shame, feeling dirty – of losing one's womanhood
- ✦ Thinking disturbed, staring blankly, being absent – minded and not being able to concentrate on their studies
- ✦ Feeling of guilt over the abuse, blaming themselves, sinful
- ✦ Easily irritated when remembering the abuse
- ✦ An urge to have sex
- ✦ Fearful of men and being intimate with them, fear of sexual act of marriage, unworthy to live
- ✦ Feeling of confusion, helplessness, powerlessness and inadequacy
- ✦ Feeling of aloneness and abandonment
- ✦ Intense anger towards the mother being amorous, unloving, selfish, insensitive and the cause of her problem
- ✦ Moody temperamental
- ✦ Passivity, crying, kept feelings to themselves



- ✦ Unable to change one's wrong ways such as lying, being manipulative or wanting to steal, running away, fighting, giving in to abuse, street prostitution, using solvent, cursing and shouting
- ✦ Feeling broken, used, victimised, violated, exploited
- ✦ Longing for parental love and nurturing

## **SESSION - VI**

The sixth session started at 10.30 am by Ms Nancyline Agaid. The theme of this session was Child abuse.

### **DEFINITION OF CHILD ABUSE**

- ✦ Act of deliberately inflicting physical injuries upon a child
- ✦ Unreasonable deprivation of child's basic needs e.g. food, shelter or both that could result to serious impairment of his/her growth/development, incapacity or death
- ✦ Any act which debases or demeans the intrinsic worth and dignity of a child as a human being

### **TYPES OF CHILD ABUSE**

#### **A. Physical abuse / Maltreatment**

- ✦ Any act which results in non-accidental physical injury and / or unreasonable infliction injury to a child
- ✦ Also known as child battering
- ✦ Severe beating e.g. slap with full hands, hitting/kicking, beating a child with objects like cane, stick, belt, clothes hanger, ruler etc
  - Inflicting burns, scalding
  - Suffocating, drowning
  - Stabbing with knife, ice pick or tines of a fork
  - Tying / hanging
  - Shaking / grabbing, punching, pinching

#### **B. PSYCHOLOGICAL ABUSE**

- ✦ Infliction of unreasonable punishment other than physical through excessive verbal assault or non-verbal harassment
- ✦ The behaviour or attitude of any person that negligently or purposely endangers or impairs the behavioural, intellectual, emotional and physical functioning of a child.



- Cursing, belittling, swearing
- Threat to kill (threat of physical harm by gesture)
- Ignoring, calling names, using degrading words

### **C. SEXUAL ABUSE**

The involvement of a child in a sexual activity with an adult or any person, older or bigger, in which the child is used as a sexual object for gratification of the older person's needs or desires

- i. Rape / attempted rape
- ii. Incest
- iii. Acts of lasciviousness

### **D. SEXUAL EXPLOITATION**

An act involving children whether male or female, who for money, profit or any other consideration or due to coercion or influence by an adult, syndicate or group, to indulge in sexual intercourse or lascivious conduct.

- i. Prostitution / commercial Sexual Exploitation
- ii. Paedophilia
- iii. Pornography

### **E. CHILD LABOUR EXPLOITATION**

The act of employing, permitting or allowing children below 15 years of age to suffer to work in any public or private establishment where they are not directly under the responsibility of their parents and guardians or the latter employ other workers apart from their children.

#### **EXAMPLES:**

- Minors employed in hazardous occupations like divers, charcoal burners, stone splitter, operators of farm machines and equipments; traffic controllers and dispatchers; work in slaughtering or killing of hogs, large cattle etc; construction; fire fighters and guards, bar tenders, janitors in bawdy houses, hostesses, receptionists, guest relations officers (GROs); masseurs, taxi dancers and the like, stevedoring/dock work, lifting, carrying, handling and moving heavy loads, etc. (These are just some hazardous occupations among those who contained in DOLE Department Order No.4)

- Minors below 15 years old who are employed by persons or organisations other than their parents.



- Minors employed as artists, actors, actresses, entertainers, newscasters and the like are made to work without permit or their work is not according to the provision of RA 7658, i.e. works beyond seven (7) hours daily or 2 hours weekly; child is not enrolled in school; child does not have recreational activities, etc.

## **F. CHILD TRAFFICKING**

The act of engaging in trading and dealing with children including, but not limited to, the act of buying and selling of a child for money, or any other consideration, or barter.

Attempt to commit child trafficking include the following:

- When a child travels alone to a foreign country without valid reason therefore and without clearance issued by the Department of Social Welfare and Development or written permit or justification from the child's parents or legal guardian

- When a pregnant mother executes an affidavit of consent for adoption, for a consideration;

- When a person, agency, establishment or child caring institution recruits women or couples to bear children for the purpose of child trafficking;

- When a doctor, hospital or clinic officials or employee, nurse, midwife, local civil registrar or any other person simulates birth for the purpose of child trafficking

- When a person engages in the act of finding children among low-income families, hospitals, clinics, nurseries, day care centres or other child care institutions who can be offered for the purpose of child trafficking.

- Recruiting children for illegal employment.

## **G. CHILD NEGLECT**

The deliberate deprivation of the basic needs of the child. Non-provision of food, clothing, accommodation, medical attention, proper education and when children are forced to assume duties that is not appropriate to their age or physique.

## **SESSION - VII**

The seventh session started at 12.30 pm. It was on certain analytical issues, put forth by Ms. Manciline Agaid.

### **WHY CHILDREN DON'T TELL US WHEN THEY HAVE BEEN ABUSED?**

1. They are afraid that they won't be believed
2. They are afraid of getting into trouble themselves. They feel it is their fault and/or they caused the abuse to occur



3. They might fear threats made by the offender (e.g. break-up of the family. Dad might have to go to jail, fear of rejection by offender and/or family, fear of retaliation)
4. They might try to protect offender, may love the offender, but don't like the touch
5. Children may not know "how" to tell. They may not know the sexual activity is wrong or even that it is something anyone would want to know about
6. Some children fear peer reaction – being singled out, laughed at or losing popularity
7. It was sexual abuse involving an adult and child of the same sex, they might fear being labelled as a homosexual
8. Some older children are embarrassed to discuss sexual issues and intimate details, especially with people of authority (e.g. teachers and police)
9. Some children don't know whom to tell
10. Children may not feel there was an "appropriate" time or opportunity to tell
11. They don't want to be labelled a tattletale
12. They have been told that "nice girls/boys" don't use those words that refer to body parts or sexual behaviour.

### **WHY DO CHILDREN FINALLY TELL SOMEONE THAT THEY ARE BEING SEXUALLY ABUSED?**

1. The molestation escalates in frequency or type of behaviour and alarms the child
2. The child receives some sexual abuse prevention information and realises that what happened to him/her is wrong and should be reported
3. If the offender has told the child to keep the sexual abuse a secret sometimes the child may break or want to share the secret with a best friend who then reports it
4. The victim's younger brother or sister is now at the age when the victim was first sexually abused, and the victim does not want him or her to be abused as well
5. The child reaches adolescence and fears pregnancy resents the offender's efforts to control her or his life dating, etc.
6. The child encounters a caring adult he or she can trust and feels confident in disclosing to
7. The child has a urinary infection or other physical problem that causes him or her to seek medical care.



## SESSION - VIII

The eighth session started at 2.30 pm. Ms Nancyline Agaid described the pre-condition model of child sexual abuse.

### THE PRE-CONDITION MODEL OF CHILD SEXUAL ABUSE

The pre-condition is the situation wherein the offender prepares himself, the victim and the environment for committing the offence. It's a prelude for the abusive behaviour. There are 4 pre-condition models which best describe it.

The potential offender must,

#### *1. Have the motivation to sexually abuse*

Relating sexually to a child must fill some emotional need. It also requires sexual arousal. The children must become the source of sexual gratification. Alternate sources of gratification must be unavailable or less satisfying.

#### *2. Overcome internal inhibitors*

The internalised taboo against being sexual with children must be overcome through rationalisation or other means, which unleashes the motivation to abuse. A perpetrator might say things like "who is better to teach him/her about sex than a father who loves her/him?".

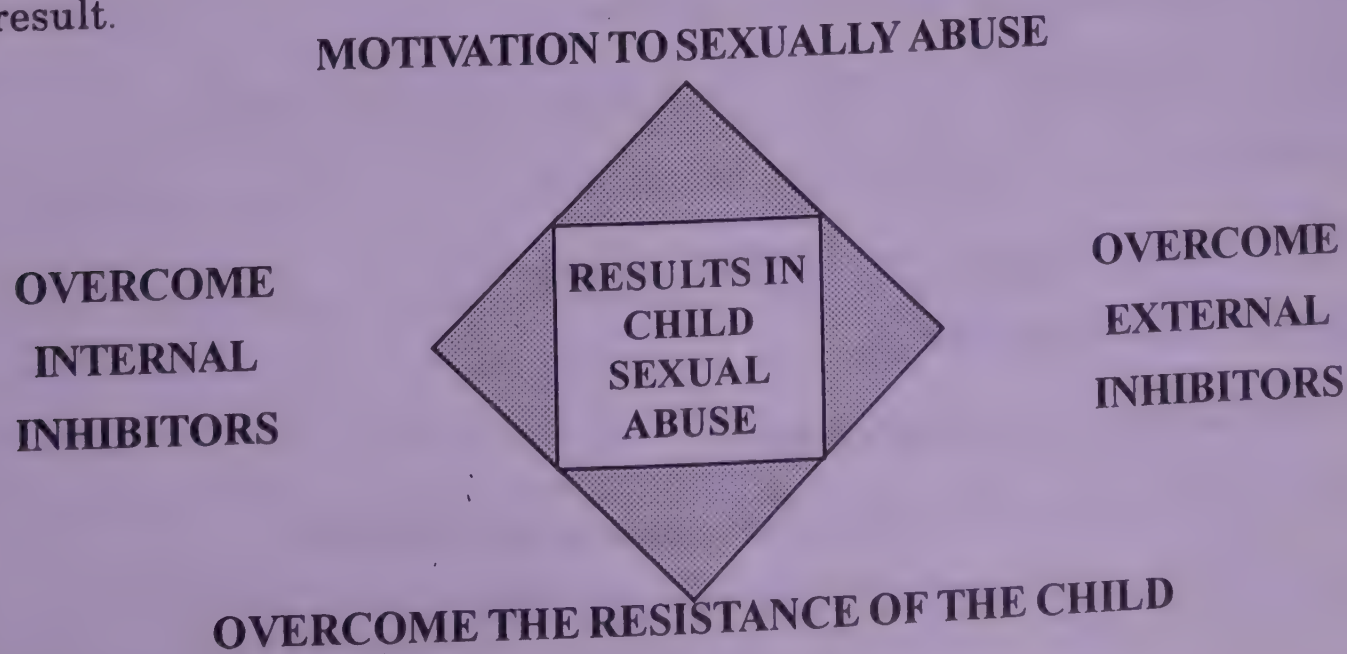
#### *3. Overcome external inhibitors*

Family members, peers and neighbours all represent external inhibitors. The absence of these generally manipulated by the offender gives opportunity to the offender.

#### *4. Overcome the resistance of the child*

Most prevention education has been focussed at this level. Many factor may render a child unable to resist and later unable to tell.

When these four pre-conditions are met, sexual abuse occurs. If any one of them is blocked, chances of preventing sexual abuse are there. The following model explains the pre-conditions and there result.





## **SESSION - IX**

The ninth session started at 3.30 pm. Ms. Nancyline Agaid dealt with the child sexual abuse accommodation syndrome, an analysis of a case and presentation.

The following are the accommodation syndromes wherein the child has conceded to the offenders wishes. They are;

### **ACCOMMODATION SYNDROMES**

#### ***1. Secrecy***

- ✦ Perpetrator is close to the victim
- ✦ If you have sex, it has to be kept a secret
- ✦ Victims are dependent on the offender because the victim does not have the scheme
- ✦ Source of fears and promise of safety

The average child does not talk or tell.

#### ***2. Helplessness***

- ✦ Children have no power
- ✦ Children should be obedient
- ✦ Children are 3x more likely to be molested by adult
- ✦ People think that if the child does not say anything it's okay

A trusted and loving person has an increased power over the child.

#### ***3. Entrapment***

- ✦ Child has no choice but to subject herself to or accommodate the adult
- ✦ Child learns to accept in order to survive
- ✦ Children are taught to be good – don't protest, keep the secret
- ✦ Parents are there to provide you everything
- ✦ Children blame themselves for what happened
- ✦ Society does not care for me

#### ***4. Relayed and unconvincing disclosure***

- ✦ Victim seeks acceptance as he / she discloses the incident
- ✦ Criminal justice – conflicting point of view



- ✦ Blaming the victim
- ✦ Victim is called a liar

## 5. Retraction

- ✦ An abuse who call him/her a liar
- ✦ Non-offending parent may not believe her/him
- ✦ Authority figures such as teachers, police or social workers who do not believe her/him
- ✦ A family which is disrupted (and fragmented if the abuser is separated from home)

## GROUP ACTIVITY - V

A story was given to the participants for case analysis and they were asked to peruse the story carefully and look out for the pre-condition and accommodation syndromes.

### THE STORY OF ROSA

Rosa is fourteen (14) years old. For two (2) years now, her father has been having sex with her on a weekly basis (once a week). The first time her father had sex with her, she did not like it but she did not know how to say "no" to her father. Rosa has been told by her father that the reason why he engages in sex with her, is that he loves Rosa so much more than he loves anyone else in the world.

Rosa feels that it is wrong to have sex with her father. However, she does not tell her father to stop having sex with her. She does not know how to tell her father to stop. Eventually, Rosa has been used to the situation. She does not mind having sex with her father anymore. She fears that her father would not love her that much if she stops having sex with him.

Rosa is sure that her mother also knows the situation, but they do not talk/discuss about it. Once, when her father was inside her room and the door was locked, her mother knocked and just left when no one answered. Oftentimes, Rosa has been reminded by her mother that she should help in making her father feel "good / positive", so her father would not drink alcohol too much.

One day, a resource person/speaker was invited to Rosa's class and spoke/discussed about "incest". Rosa could not stop herself, she cried. After the class, her teacher approached her and asked her if she had problems at home. Rosa replied that she had problems indeed, but which, she could not divulge. The teacher never mentioned the topic again.

When Rosa reached the age of fifteen (15), her father turned to Sandy, her eleven year (11) old sibling, and her father never had sex again with her. Rosa was glad her father no



longer had sex with her. She just hopes that Sandy would not talk/disclose because their father might drink too much alcohol again or Rosa thinks their father might have sex again, with her.

## **SESSION - X**

The tenth session started at 5.15pm. Ms. Nancyline Agaid explained the dynamics of Child Sexual Abuse. There are five phases of child sexual assault. They are

### **DYNAMICS OF CHILD SEXUAL ABUSE**

#### ***1. Engagement phase***

- ✦ Perpetrator structures access and opportunity to the child
- ✦ On going, long before any sexual interaction may occur
- ✦ Corresponds to what is called “grooming

#### ***2. Sexual interaction phase***

- ✦ Beginning of sexual interaction
- ✦ Escalates from non-touching behaviour
- ✦ May include exposure, masturbation, physical contact, and/or actual penetration

#### ***3. Secrecy phase***

- ✦ Has the effect of eliminating the child’s credibility should she/he ever tell
- ✦ Allows repetition of sexual contact without detection

#### ***4. Disclosure phase***

- ✦ May happen accidentally when the abuse is discovered by someone
- ✦ Might happen on purpose if the child decides to disclose
- ✦ Disclosure may often precipitate a crisis, the family responding with anxiety and alarm

#### ***5. Suppression phase***

- ✦ Family members try to minimise the severity of the abuse or the child’s response to it
- ✦ A stress provoking and frightening time
- ✦ A denial (or “minimising”) ends to be an immediately available response

★ ★ ★ ★ ★



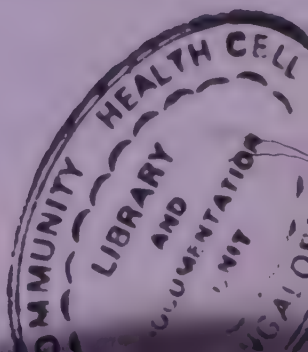
The third day of the workshop started at 8.45am with a recap of second day proceeding, which was narrated by the participants. It was followed by two minutes of prayer.

## **SESSION - XI**

A booklet on the right of the Philippine child was distributed among the participants. It had 22 rights listed in it. The rights are:

### **THE RIGHTS OF THE PHILIPPINO CHILD**

1. It is my right: to be born; to have a name and nationality
2. It is my responsibility: to love my country and to be a good citizen
3. To be free, to have a family who will take care of me
4. To love my family to respect my parents
5. To have a good education
6. To study well, to come to class on time do my assignments
7. To develop my potentials
8. To make use of my potentials to the fullest
9. To have enough food, shelter, a healthy and active body
10. To eat clean and nutritious food. To keep my home and its surroundings clean. To clean and make my body active
11. To learn good manners and right conduct
12. To be honest, courteous and trustful
13. To be given the opportunity for play and leisure
14. To take care of my toys, to keep these orderly
15. To be given protection against abuse, danger and violence brought about by war and conflict
16. To obey rules and regulations
17. To live in a peaceful community
18. To maintain peace and order in my community
19. To be depended and assisted by the government
20. To be law abiding citizen





21. To be able to express my own views
22. To be responsible when I speak and act

### **HOW WILL A FAMILY REACT WHEN A CHILD IS ABUSED SEXUALLY OR WHEN THEY COME TO KNOW THAT AN ADOLESCENT CHILD HAS CONCEIVED AS A RESULT OF SEXUAL ABUSE?**

Mostly, be it Philippines or India or any other country, people will try to hide the child, isolate it by sending it away even to foreign countries. Some will try to abort the conceived child. But beyond such things the reactions to the child will be so harsh and cruel so that the child becomes a total distraught. There are means and methods about handling such children and responding effectively to their disclosures.

### **MEANS AND METHODS OF HANDLING SEXUALLY ABUSED CHILDREN**

- 1. Believe the child** – Children rarely invent stories of abuse. They hesitate telling / divulging mainly because they fear they will not be believed. Believing the child is a major step in helping her / him overcome the trauma from abuse. Statements like “I believe you”, or “It is not your fault” will help in his/her healing.
- 2. Be calm** – Children are generally sensitive to your reactions. The child may interpret your anger or disgust over the incident as anger and disgust to her/him. Remaining calm will help minimize the child’s tendency to feel “different” as a result of the abuse. It will also help him /her regain sense of dignity which is often the first to go when a person is sexually abused. Assurances like “Other children have had similar experiences”, or “I am sorry this happened, let us see what we can do” could encourage the child to open up more.
- 3. Be affirming** – Abused children are often confused about or they deny their feelings as a result of the manipulation by their abusers. They must be permitted and encourage to say what they feel, and their feelings are taken seriously and affirmed in order for them to continue telling/divulging and the healing process. “I know this is not easy”, “You are probably frightened” and “you are very brave for opening up” conveys the empathy, concern and support a child needs.
- 4. Prepare the child for what will happen next** – Children who have been abused feel helpless. They need to know that other people must be allowed to help; but they must be told about their part/role in the process; how to relate the incident, whom to tell, and what support is needed and could be availed of. “You are important, other people must be involved in keeping you safe from now on” would certainly boost the child’s morale.
- 5. Be supportive** – Often, a sexually abused child feels all-alone, thinking no one else had gone through what she had, that nobody will believe. Talking about these things can be as



traumatic as the abuse itself. Adults must give the child as much support as possible especially as they begin to open up about their experience. "I will stay with you through this for as long as you want" and "we will go through about this together" are strong assurances of support.

**6. Report the abuse** – Reporting the incident and all alleged offenders is one way of preventing the abuse from recurring. Moreover, everyone is mandated to report all cases of abuses within 48 hours even such cases do not reach the courts.

## **EFFECTS OF SEXUAL ABUSE**

### **- Long term**

- ☆ Emotional distress (e.g., depression, anxiety disorders)
- ☆ Post trauma effects (e.g., PTSD, flashbacks, nightmares)
- ☆ Cognitive disorders (e.g., self-blame, negative self attributes, helplessness, low self esteem)
- ☆ Externalised emotional distress (e. g., self mutilation, eating disorders, substance abuse)
- ☆ Interpersonal difficulties (e. g., has difficulty trusting others, relationship problems, sexual problems)

### **- Post-traumatic stress disorder**

- ☆ Nightmares
- ☆ Intrusive thoughts
- ☆ Flashbacks
- ☆ Numbness to life events
- ☆ Sleep disturbances
- ☆ Startle response
- ☆ Poor concentration

### **Mediating factors**

- ☆ Family support
- ☆ Relationship with offender
- ☆ Severity of abuse
- ☆ Duration of abuse
- ☆ Frequency of abuse



**- On school age children**

- ☆ Fear, anxiety
- ☆ Night mare and sleep disturbances
- ☆ School problems
- ☆ Behaviour problems / hyperactivity
- ☆ Regressive behaviour
- ☆ Aggression
- ☆ Neurotic / general mental illness
- ☆ Sexualised behaviour
- ☆ Guilt, shame and confusion

**-On adolescents**

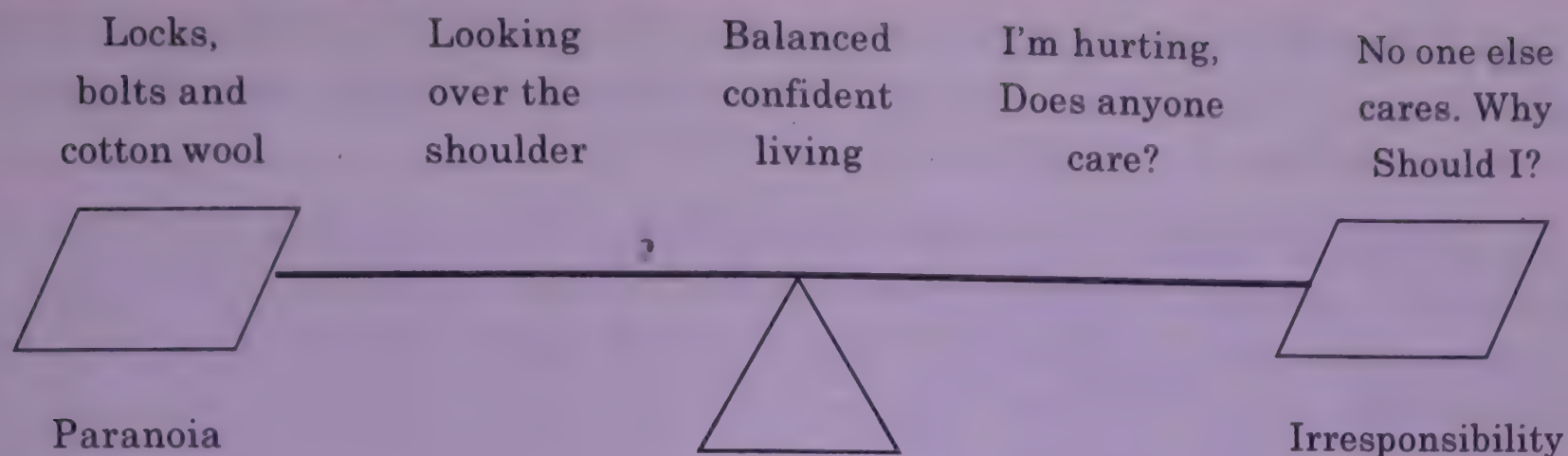
- ☆ Depression and withdrawal
- ☆ Suicide and self injurious behaviour
- ☆ Somatic complaints
- ☆ Illegal acts and substance abuse
- ☆ Running away
- ☆ School difficulties
- ☆ Anger – internalised or externalised
- ☆ Promiscuity

**- Short term (less than 2 years)**

- ☆ Emotional distress and dysfunction (e.g., phobias, depression, anxiety)
- ☆ Post Trauma Effects (PTSD)
- ☆ Physical consequences/Somatic complaints (e.g., sleep disturbances, eating problems)
- ☆ Sexuality issues (e.g., sexual problems, promiscuity)
- ☆ Social functioning (e.g., running away, truancy)
- ☆ Cognitive difficulties and distortions (e.g., shame, low self-esteem)



## RESPONSES TO THE RISK OF VIOLENCE



**Paranoia** – Suspicion on everybody because of fear that they might hurt them or do harm in some way or the other. Extreme form of paranoia will lead to a situation wherein the person locks up himself and with cotton wool in his ears. This means that he will avoid people and situation, be it good or bad. The beginning of these symptoms is looking over the shoulder, i.e., not involving directly, but put somebody before and stand behind him. So that he will be safe and protected from all the harm, which might happen.

**Irresponsibility** – Not taking any responsibility for the situation and totally ignoring it. This is the other extreme of paranoia. The person initially tries to harm others. When he observes that nobody cares then he too does not care about the consequences of the harm he does.

Both are extreme responses to violent and risky situations. Hence a balanced confident living is the best way of dealing with risk of violence.

## DISCOUNT HIERARCHY OR LEVELS OF RESISTANCE

**Existence** – There is no problem; denial of existence of the problem

**Significance** – The problem is not too bad; denial to agree the seriousness of the situation

**Solvability** – Nothing can be done about it; denial of working out a response strategy to solve the problem

**Self** – I can't do anything about it; denial of responsibility to help

**Empowerment** – I can do something about it and I will; this indicates the overcoming of the above said negative feelings and the initiative to take efforts to contain the problem.

## SESSION - XII

The twelfth session started at 9.35am. It was held by Mr. Kannayiram, Field Officer, Department of Social defence, Chennai. This session was about the legal process in handling child abuse.



## LEGAL PROCESS IN HANDLING CHILD ABUSE

Legislations can only make certain changes theoretically; but the real changes can be brought about only by the NGO's. Because they live with the people for whom they work. Only they can facilitate the changes recommended by the law.

The Juvenile Justice (Care and Protection of Children) Bill having been passed by both the Houses of Parliament received the assent of the President on 30th December 2000. It came on the Statute Book as THE JUVENILE JUSTICE (CARE AND PROTECTION OF CHILDREN) ACT, 2000 (56 OF 2000). In the exercise of the powers conferred by Section 68 of the Juvenile Justice (Care and Protection of Children) Act, 2000 [Central Act 56 of 2000], Tamil Nadu has also made the rule, namely, THE TAMIL NADU JUVENILE JUSTICE (CARE AND PROTECTION OF CHILDREN) RULES, 2001.

It defines "child in need of care and protection" (previously referred to as neglected child) as a child-

- (i) who is found without any home or settled place or abode and without any ostensible means of subsistence;
- (ii) who resides with a person (whether a guardian of the child or not) and such person-
  - (a) has threatened to kill or injure the child and there is a reasonable likelihood of the threat being carried out, or
  - (b) has killed, abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person,
- (iii) who is mentally or physically challenged or ill children or children suffering from terminal diseases or incurable diseases having no one to support or look after,
- (iv) who has a parent or guardian and such parent or guardian is unfit or incapacitated to exercise control over the child,
- (v) who does not have parent and no one is willing to take care of or whose parents have abandoned him or who is missing and run away child and whose parents cannot be found after reasonable inquiry,
- (vi) who is being or is likely to be grossly abused, tortured or exploited for the purpose of sexual abuse or illegal acts,
- (vii) who is found vulnerable and is likely to be inducted into drug abuse or trafficking,
- (viii) who is being or is likely to be abused for unconscionable gains,
- (ix) who is victim of any armed conflict, civil commotion or natural calamity;



All these 9 types of definitions speaks more about the abuses the children are subjected to.

Similarly, "juvenile in conflict with law" (previously referred to as a delinquent juvenile) means a juvenile (a person who has not completed eighteenth year of age) who is alleged to have committed an offence.

The Juvenile court which used to deal with delinquent children has been renamed as Juvenile Justice Board which will deal with Juveniles in conflict with law. The Juvenile Welfare Board, which used to deal with neglected children now is called as Child Welfare Committee, dealing with children in need of care and protection.

State Governments have been empowered to constitute for every district or group of districts one or more Child Welfare Committees for exercising the powers and discharge the duties in relation to child in need of care and protection under the Act. The Committee shall consist of a Chairperson and four other members, of whom at least one shall be a woman and another an expert on matters concerning children. This Child welfare committee is a quasi-judicial body and has the powers of a judicial Magistrate.

#### ***Who can become a member of the Child Welfare Committee?***

According to Section 14 of the Tamil Nadu Rules The Child Welfare Committee.- shall consist of a Chairperson and four other members as the State Government may think fit to appoint, of whom atleast one shall be a women, and another an expert on matters concerning children. The Chairperson and member of Child Welfare Committee should possess special knowledge in Child Psychology and Child Welfare.

The Chairperson and members of Child Welfare Committee should possess the following other qualifications:-

- (a) A degree in any one of the Social Sciences such as Psychology or Criminology or Sociology or Social Work or Economics or Home Sciences or Education or Political Science or Women Studies or Rural Development or Law or Medicine.
- (b) Should have been at least engaged in health, education or other rehabilitative and welfare activities pertaining to children for at least seven years.
- (c) Among the members one shall be a woman and one may be an experienced teacher.

The members who shall be nominated to the Committee would not have been involved in any criminal offences involving moral turpitude and would have not been convicted previously.

There shall be a panel of not less than fifteen names identified from willing and competent persons in the district chosen by the Committee headed by the District and Sessions Judge.



Individuals shall send their nomination to the Committee for consideration through the Director of social Defense. The selection committee will recommend to Government a panel of Social Workers to be considered for appointment as Chairman and members. The Government shall appoint Social Workers member to the Committee, only from the list of persons recommended by the selection committee headed by the Principal or Sessions and District Judge. No person shall be eligible for appointment unless the Selection Committee recommends him.

Section 17 lists disqualification for a person to act as Chairperson and members of Child Welfare Committee.

- (1) The person should not have been involved in any criminal offences and would not have been convicted previously.
- (2) Should not be an active political worker.
- (3) Should not have been a guilty of domestic violence or child abuse etc.,
- (4) Should not be less than thirty-five years of age.

The NGOs can produce sexually abused children before the Child Welfare Committee. The victims are provided relief, shelter, medical support, counseling, support services etc. Since there are chances that the offender can also abuse another child in a similar manner, summons can be issued to bring the abuser to the committee. If the offence is proved medically after due examinations, a FIR can be filed against the abuser and then the case of the offender is transferred to the Court.

Punishments for the child abuser is also mentioned in the Sections 23, 24 and 25 of the Juvenile Justice (care and protection of children) Act, 2000. Sec 23, Whoever, having the actual charge of a juvenile assaults, abandons, exposes or willfully neglects it or causes unnecessary mental or physical suffering shall be punishable with imprisonment for a term which may extend to six months, or fine, or with both.

Sec 24, Whoever employs or uses any juvenile for the purpose of begging shall be punishable with imprisonment for a term which may extend to three years and shall also be liable to fine.

Whoever, having the actual charge of a juvenile helps the commission of such offences shall be punishable with imprisonment for a term which may extend to one year and shall also be liable to fine.

According to Section 25, Whoever gives any intoxicating liquor, narcotic drug, psychotropic substance to a child, except recommended by a qualified medical practitioner



shall be punishable with imprisonment for a term which may extend to three years and shall also be liable to fine.

## **SESSION - XIII**

The thirteenth session started at 12.00pm. Ms Nancyline Agaid started with Child protective behaviour program.

### **PROTECTIVE BEHAVIOUR PROGRAM**

It is a personal safety program addressing issues relating to safety, including abuse for children, adolescents and adults.

The program aims to:

- ☆ Provide simple, practical skills and strategies to keep children safe
- ☆ Assist children in identifying and coping with situations where they may be unsafe
- ☆ Encourage children to recognize early warning signs (i.e., bodily responses/signal indicating that they are not feeling safe);
- ☆ Encourage children to further develop communication, problem-solving and relationship skills;
- ☆ Assist children to increase their self protective skills against forms of abuse and assault and
- ☆ Encourage children to recognize their early warning signs to network with trusted adults and to report their concerns.

#### ***The strategies of the Protective Behaviour Program***

1. Theme reinforcement
2. Network review
3. Persistence expectation
4. One step removed
5. Protective interrupting

These strategies support and enhance the processes and messages of the two main themes.

#### ***Through protective behaviour, we can***

1. Enhance children's self-esteem and problem solving skills;
2. Help the children develop networks;



3. Support parents and other members of the community to recognize the importance of listening to children and taking action to protect them when necessary.

Protective Behaviour recognizes that individual safety is a basic human right and need. This is expressed through the two (2) themes of the program:

1. "We have the right to feel safe all the time"
2. "There is nothing so awful that we can't talk to someone about it"

In the process of understanding children and appreciating the relevance of these two themes, a positive self-concept is developed. Complimentary to this, is a growing awareness of this feeling in particular, through recognizing the difference of how children feel during safe and unsafe situations. These feelings described as "early warning signs".

Also, in developing the children's communication, problem solving and decision-making skills, their confidence increases and they are empowered to make choices appropriate to themselves.

Feeling safe is the basis of empowerment. It means having a sense of control over our own lives and destiny. We are able to trust our own instincts, knowing what our options are and having confidence in our ability to make responsible decisions.

## **GROUP ACTIVITY - VI**

This activity was based on the theme 1, which says

### **"WE ALL HAVE THE RIGHT TO FEEL SAFE ALL THE TIME"**

The participants were given a paper and a pencil. They were told to close their eyes and go back to the time when they were 14 years old in thought. They should think about their best friend with whom they spent their time then, about all the people close to them, the places where they used to play. While thinking about all these niceties, they should think about some incidence that made them feel bad. An incident about which they don't feel happy and the place where they go when they felt that way. That will be their "SAFE PLACE". They were told to draw that safe place in the paper

## **OUTCOME**

This exercise when applied to children will be more effective. Once they identify such a safe place they can also be made to draw it in the paper. The children always like to express their feelings in drawing. Every curve, lines and colour they pick has got a meaning, which can be interpreted. Mostly children will not talk out their bad experiences, when they are abused. But this method will help in bringing out the troubled memories. They will draw



about this somewhere on the paper. So instead of asking or forcing them directly to narrate their experience, this can be used. They can also be told to pick out a partner from the group and describe the situations. They might also feel it easier and comfortable to say about these things to a person with whom they are familiar with and also have confidence on. After this they can also be told to stick their drawing on the wall and title it as "MY SAFE PLACE".

## **SESSION - XIV**

The fourteenth session started at 2.15 pm. Ms Nancyline Agaid explaining about the concept of "FEELING SAFE" as mentioned in the theme 1 in the earlier session and the group activity which followed.

### **"FEELING SAFE"**

- ☆ Understanding how it feels to be safe: "how does a safe person feel?"
- ☆ Special place imagery technique (safe place)
  - Refers to a relaxation and visualisation technique that can help us feel safe and re-energises us towards a safe future.
  - Process involves becoming as physically relaxed as possible by sitting comfortably or having a relaxed position.
  - Imagining ourselves, moving towards a place which is very special to us and where we think, we can feel very safe.

### **CORE CONCEPT OF "FEELING SAFE"**

- ☆ **Safety = Control + Choice**
- ☆ Feeling safe means we are able to think clearly without panic, thus we are able to consider problem solving options for safety.
- ☆ Feeling safe is the basis for empowerment. It means having a sense of control over own lives and destiny. It means trusting our own instincts and having confidence in our ability to make responsible decisions.
- ☆ Feeling safe is not feeling scared

### **SAFETY**

- ☆ The person has a choice over what she / he does and what is happening to her / him
- ☆ The person has control over what she / he does and what is happening to her / him

### **SAFETY – CHOICE AND CONTROL**

- ☆ If the person does not have choice and control over what happens, he or she is probably not in a safe situation and is probably feeling unsafe early warning signs.



## **WE ALL HAVE THE RIGHT.....**

- ☆ The essence of the protective behaviour message is that each individual recognises her/his own right to feel safe all the time
- ☆ Theme 1 provides the underlying philosophy of the protective behaviour program
- ☆ Rights have corresponding responsibilities

## **.....TO FEEL SAFE.....**

- ☆ We cannot guarantee that our children can always be safe especially with the emerging trends of abuse incidents not only in the Philippines, as well as with other countries. However, Protective behaviour helps children to feel safe by empowering them with personal safety skills.

## **.....ALL THE TIME**

Protective behaviour is a process that needs to be enhanced all the time. It is not learned overnight but should be practised / lived continuously in order that it becomes an automatic response

Once our children have learned the skills to make them feel safe, they are prepared to protect themselves anytime, wherever, whenever.

## **SESSION - XV**

The fifteenth session started at 3.15 pm by Ms Brinda Grafort and Mr. Shankar. They shared their experiences in dealing with child sexual abuse in India. It was a short presentation on how she worked with and for sexually abused children.

### **EXPERIENCE IN DEALING WITH CHILD SEXUAL ABUSED IN INDIA**

Brinda Grafort came to India 12 years ago, as a tourist. She never liked to stay in India. She was disappointed by the way animals and human beings were treated. She first thought to leave India but later decided to stay back and fight for the cause of children.

Children who are abused do not lead a normal life. Sometimes it is still worse if the family members are involved in the abuse. It is the duty of the social worker to help out the abused children. They should have a professional approach. They should set up certain goals and once it is achieved they should pull out from it. Social work or service has nothing to do with money.

The NGOs were also requested to keep their eyes and ears open so that their services are not taken for granted and exploited unnecessarily. Sometimes certain people also make use of the cover of social worker and get involved in anti-social activities such as selling children to foreigners unauthorisedly and indulging in mass religious conversions for which they get paid massively.



## ALARMING RISE IN CHILD SEXUAL ABUSE

*'A sexually abused child suffers four times – at the time of the offence, when narrating the incident, during medical examination and finally when the child has to face the courts'*

Every 155th minute, a child below 16 years is raped in India. Every 13th hour, a child below 10 years is raped. One out of every ten children in India is being sexually abused at any given point of time.

Statistics such as these confirm what many refuse to acknowledge; that child sexual abuse has assumed alarming proportions in India. Though the pervasive culture of silence surrounding sex and sexual abuse in general feeds into the subconscious or conscious negation of this reality, a recent survey has brought out the ugly faces of child abuse in India.

Stating that the "silence about sex" in India and the lengthy and cumbersome legal procedure were responsible for making the problem more acute, the report released by a Delhi-based voluntary organization Voluntary Health Association of India (VHAI) said, "a sexually abused child suffers four times – at the time of the offence, when narrating the incident, during medical examination and finally when the child has to face the courts."

'In India, knowledge about their bodies and sexuality is withheld from children. Since sex, as a subject is taboo, and commonly held notions of izzat are very strongly ingrained, girls and boys who are being sexually victimized, feel inhibited and find it hard to talk about the problems they are encountering," the report said.

Stating that the long course taken by law went completely against the best interests of the child, the report noted that the laws could be effective in handing over justice to the victim if these were applied with alacrity.

The average time taken for a case to find its way from the lower courts to the Supreme Courts can be between 10 and 15 years. Correlate this with the 48 cases of child sexual abuse reported between 1992 and 1994 in the newspapers.

The children averaged between eight and ten years of age, the youngest of these just six months old. "By the time the cases come up for initial hearing, barring the six-month-old the rest would, most probably, no longer be minors," it said. The report has also questioned the judiciousness of dragging mothers and their children through such cumbersome and lengthy court procedures.

It said that it was because of this "secondary victimisation" – sometimes worse than the offence itself – that some groups did not actively encourage the parents to report the matter to the police.



## GROUP ACTIVITY - VII

Ms Nancyline Agaid continued to describe in detail about being safe and not being safe. This group activity started at about 4.15 pm. Certain parts of our body are safe to touch. We let other people to touch them and there is no fuss about it. We do not feel that it is wrong to let them touch you in those places. Certain parts, such as those, which a swimsuit can cover, are unsafe to touch. We do not let strangers to touch them. It is not comfortable and our body sends warning signals to get back to safety.

The participants were given a paper and pencil. They were told to draw the safe places in their body and label them. Then they were told to seek out for a partner of the opposite sex, sit face to face and tell them in detail about their safe parts and why they feel that its safe. Then they pasted the drawings on the wall. Similarly they were told to repeat the same procedure after drawing the unsafe parts of the body too.

### OUTCOME

The participants easily discussed about the safe parts. But, when they had to draw the unsafe parts, they had a lot of hesitation. Later, the men were able to do a good job, but the women did not. This is because of their orientation and the culture they were brought up. Even when we talk about these to children, we will have to face a lot of opposition.

A number of people oppose “corrupting a child’s mind” with information that they believe children have no business knowing because they fear children “will lose their innocence,” “grow up trusting no one,” “start experimenting with sex.” But, we cannot protect our children by protecting them from information.

### *Information is not the problem. Sexual abuse is.*

Children learn from the adults around them that certain body parts should not be mentioned or only talked about in a whisper. They may have been scolded for touching “private parts” or asking questions about these parts. The message they internalize is: “That’s a forbidden subject. I will get in trouble if I talk about it.” Unfortunately, those who commit incestuous sexual abuse are from the same culture. They understand how the silencing mechanism works. They can count on children not telling their parents. They can count on adults wanting to keep things quiet. The community basically makes it easy for them to contemplate sexual abuse, carry it out, and, in most cases, get away with it so they can keep abusing the same child or other children. It’s a perfect arrangement for sexual abuse perpetrators. They can take advantage of the cultural resistance to dealing with incest. If we argue against empowering children with information then we (as a society) have to accept responsibility for what happens when incestuous sexual abuse does take place. So talking



about the body parts and informing the child about the safe and unsafe touches are also very important. They should also be informed that the safe touches can also become malicious touches which can also lead to unsafe situations.

### ***When is the right time to give sex education?***

As early as possible, because nobody knows at what stage sexual violence can take place. There are incidences wherein a 3 year old girl succumbed to the injuries caused due to sexual molestation. The parents themselves can make their children understand these concepts in a tidy and vivid manner. This will also prevent others from taking undue advantage of the child and exploit them in future. The schools can also cooperate in this manner and stop referring to the private parts by using other names such as "a bird" or "a flower" etc. This will not only confuse the child, but will also misguide them.

### **SESSION - XVI**

At 6.00pm in the evening the sixteenth session started. Ms Nancyline Agaid explained about the early warning signs.

#### **EARLY WARNING SIGNS:**

Refer to bodily indicators or physical responses that occur in a person when she / he is in a situation of danger or when she / he does not feel safe.

- ☆ When we stop feeling safe, our bodies prepare us for action. Adrenalin is released into our system, which results to physical sensations like butterflies in the tummy, sweaty palms, wobbling knees, etc.
- ☆ Early warning signs tell us that we are scared because we are facing a potential risk of danger.
- ☆ Early warning signs happen in three different circumstances. We have a personal emergency because our early warning signs are very strong and would not go away.

#### **CIRCUMSTANCES:**

1. Sometimes we feel scared but we are in control
2. Sometimes we feel scared but we can handle it
3. Sometimes we feel scared and it is not fun and we do not feel in control

### **GROUP ACTIVITY - VIII**

These groups followed the sixteenth session. A picture of a shaky person was given. Four incidences were described to the participants, while they had been instructed to stay with eyes shut. They have to think how they will react when they are in such situations and make a note of them on the picture.



### **SITUATION 1:**

You are walking on a mountain valley with your friends. As you climb you keep enjoying the sceneries, the clouds and the wonderful company you have. You keep on walking. You reach a jungle. There you hear birds chirp in the branches of trees. You enjoy that and walk further into the forest. SUDDENLY, there is a big snake near you. Now open your eyes. Whatever you feel, note it on the picture.

### **SITUATION 2:**

You wake up late that day morning. You realize that you have to be early to the office and the boss will be waiting for you. In a great hurry you get ready fast, skip breakfast, run to the bus stand. You cross the road in full speed. SUDDENLY, there is a big bus about to go on you. How will you feel?

### **SITUATION 3:**

There is a big mango tree. It has got many fruits on it. You want to get those and eat it. You climb the tree slowly. You keep going up and up. You reach a big branch of the tree and pluck out one fruit. You are eating the fruit and enjoy its juiciness. As you turn biting into the mango, you see another big more ripe mango. You try to take that also. You step on to a branch, SUDDENLY, the branch breaks and the little branch you are holding on for support is also breaking off. How will you feel?

### **SITUATION 4:**

You are walking in the shopping center with someone special. You are a married person, but this is someone else with whom you have an affair. You enjoy the shopping and you go to the movie. After watching the movie, you walk out hand in hand with that person. SUDDENLY, your wife / husband stands before you. How will you feel?

### **OUTCOME:**

The participants had felt Tears in the eyes, Fast heart beat, Stiffness, Hair standing on the edge, Goosebumps on the skin, Dryness of the throat, Shaky all over, Sweat in the palm, Butterflies in the stomach, Urge to urinate, Wobbly knees

★ ★ ★ ★ ★



The proceedings of the workshop started by around 8.45am. The participants had a small prayer followed by some energizers. The previous days proceedings were read out as a recap by some participants.

## **SESSION - XVII**

This session was on the early warning signs and personal emergencies. Ms.Nancyline Agaid continued from the group activity which was done the previous day. The feelings they have or experienced when they imagined such a thing are the early warning signs produced in our body.

### **CONCEPT OF EARLY WARNING SIGNS OF PROTECTIVE BEHAVIOUR**

1. When it is fun to be frightened or to feel scared
2. There are times when it is exciting or fun to feel scared / frightened
  - \* Climbing trees
  - \* Taking a ride on a ferries wheel
  - \* Watching a scary movie
  - \* Performing in the public
3. When the fear feels out of control – it is a personal emergency. When our early warning signs are not fun/exciting and we do not feel in control, the situation becomes a personal emergency.

### **STEPS IN RESPONDING TO FEELINGS OF DISCOMFORT OR FEAR**

1. Identify internal warning signs
2. When warning signs occur, take a deep breath to assist clear thinking; and
3. Decide whether the physical warning signs are
  - \* Linked to excitement and adventure
  - \* Under control or manageable
  - \* Out of control and/or excessive (a personal emergency)

### **CONCEPT OF PERSONAL EMERGENCY**

- \* When we feel scared and we do not feel in control, we regard this as a personal emergency
- \* Emergencies can happen in everyday situations, when we hurt ourselves or when we feel ill. Being abused is another example of personal emergency.



## **IN A PERSONAL EMERGENCY**

- \* Normal rules of good manners and appropriate behaviour no longer apply. We can act in ways we would normally not consider in order to feel safe again.
- \* In deciding on appropriate action, the focus is always on the safest option for this person in this particular situation
- \* We can find ways to let others know we need help
- \* If no one is there at that time, it is good idea to talk to someone as soon as possible, afterwards, so that the situation can be resolved
- \* We may need to persist in seeking help until someone listens and DOES ENOUGH so that we feel safe again.
- \* Examples of things we may need to do in an emergency, which we do not normally do, are:
  - \* Telling lies
  - \* Saying “no” to adults
  - \* Breaking secrets
  - \* Breaking things
  - \* Screaming / yelling
  - \* Interrupting adults conversations
  - \* As a very last resort – kicking, hitting, pinching – in order to get away

## **SESSION XVIII**

This session started at 10.15am. It concentrated on the reinforcement of the theme 2 and identification of network group. Ms Nancyline Agaid said that this would be more important for the child as it help the child to know where they can go in case of difficult or emergency situations.

### **THEME 2:**

**“NOTHING IS SO AWFUL THAT WE CAN’T TALK WITH SOMEONE ABOUT IT”  
NOTHING.....**

This is an absolute word. There are no exclusions  
**...IS SO AWFUL,..**

Dreadful, catastrophic, embarrassing, hurtful, painful, etc.



## **....THAT WE CAN'T .....**

conveys that we shall still have a choice. It is not that we must, or ought to talk to with someone but the message is that we can talk about anything, no matter how awful if we choose to do so.

## **..... TALK WITH SOMEONE ABOUT IT.....**

The concept of talking implies an interactive process where each has an equal contribution to make.

So whatever situation may arise, the child can approach somebody about it. This theme should be reinforced among children so that they do not hesitate to approach the right people for help. They should be able to pinpoint the group of persons who will be able to rescue them and from where they can positively get help.

## **IDENTIFYING SUITABLE PERSONS IS THE NETWORK FORMATION**

A NETWORK is a group of adults chosen by the network owner (client, student, and child) who will provide him/her with support, assistance and if necessary, protection.

The network members must:

- \* Be accessible / available
- \* Be able to listen to the network owner
- \* Believe the network owner
- \* Take action to protect the network owner, if necessary

## **GROUP ACTIVITY - IX**

Two pictures were given to the participants. One had a big flower with 6 petals and a long stalk, the other picture was an open umbrella with 5 sections and long handle. The participants were then told to write their name in the center of the flower or in the handle of the umbrella. They should also think about the people to whom they can turn up to, in times of crisis, and write it down on the petals or in the sections of the umbrella. They were also told to colour the flower and the umbrella. Once they finish it they were asked to paste their work on the wall

## **OUTCOME**

This activity is to help the children in pinpointing the network group. The children also like colouring and exhibiting their work to others.



## **SESSION - XIX**

This was a small session on self-esteem which started by about 12.15pm. Ms. Nancyline Agaid

### **SELF-ESTEEM**

“Self-esteem” basically means “self worth” or how the individual perceives her/ himself and the value which the individual places on her / himself.

A person with high self-esteem places high value on her/himself. A person with low self-esteem places low value on her/himself.

A person with high self-esteem says:

- \* I am a good person
- \* I deserve to be cared, loved, accepted, appreciated and respected
- \* I am capable of doing lots of different things and I am doing them well
- \* I am just as important as everyone else
- \* I have the right to make my own choices.
- \* I have the right to be myself, say what I think, have my needs taken into consideration
- \* I can be whoever I want to be

A person with low esteem says:

- \* I am a bad/worthless/incapable/helpless person. I can't change who I am
- \* I don't deserve to be loved, accepted and cared or
- \* I have no right to make my own choices; others have the right to do that for me.

A child or youth with high self-esteem will:

- \* Act independently
- \* Assume responsibility
- \* Approach new challenges with enthusiasm
- \* Exhibit a broad range of emotions and feelings
- \* Tolerate frustration well
- \* Feel capable of influencing others



A child or youth with low self-esteem will:

- \* Demean his/her own talents
- \* Feel that others don't value him/her
- \* Feel powerless
- \* Be easily influenced by others
- \* Express a narrow range of emotions and feelings
- \* Avoid situations that provoke anxiety
- \* Become easily defensive and frustrated
- \* Blame others for his/her own weaknesses

### **GROUP ACTIVITY - X**

In the afternoon the workshop started with interesting group activities at 2.30pm. The participants were given coloured woolen threads, the ends of which were tied to form two loops. Two people have to hold these loops of the thread, which are entangled. They have to try and disentangle, so that they come out holding a disentangled thread in their hand. They should not leave the loop off from their hand.

### **OUTCOME**

The participants did not know how to make it. But once it was demonstrated, they felt that it was so easy and simple thing for them to do. Similarly, any problem we encounter in life might appear threatening. But once a proper method of solving it is found, it becomes easier.

### **GROUP ACTIVITY - XI**

There was yet another activity to explain similar concept of problem solving. The participants were told to hold each other's hand. One person can hold only one hand of the other person. Some other person of the opposite sex should hold the other hand. As there were many participants this became a big tangle. Slowly these people should come out of the tangle and form a neat circle without leaving the hand of the partners.

### **OUTCOME**

Though initially there was trouble in making it neat, with lots of cooperation and coordination they did it. It was to make them understand the techniques of problem solving.

### **SESSION - XX**

The session started at around 3.30pm. It was a session to explain the concepts of problem solving in protective behaviour. It proved to be a theoretical version of the group activities held. Ms. Nancyline Agaid explained the philosophy of problem solving as



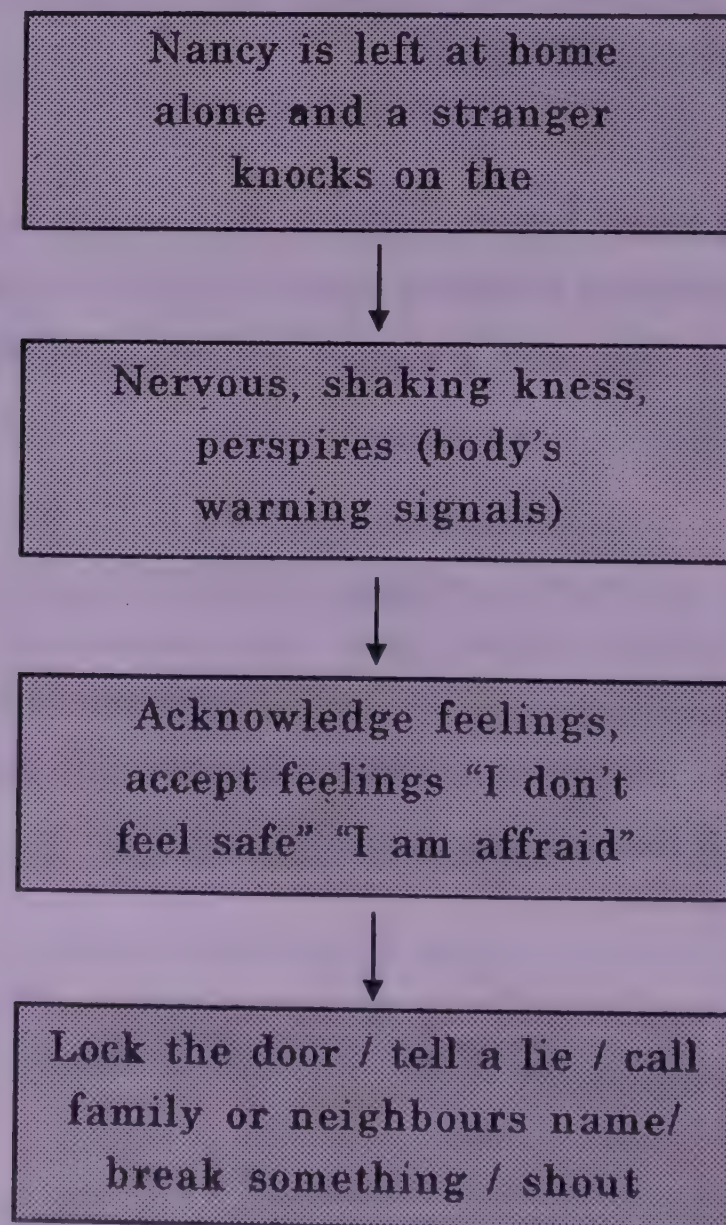


***"Any problem can be solved when approached in the right way"***

## **PROBLEM SOLVING**

- \* Basic tool of empowerment as it seeks to expand the individual's level of control and choices in any given situation
- \* Combined with the program strategy of persistence, problem solving becomes a potent tool for changing our lives and protecting ourselves in any situation where we feel unsafe.
- \* Focus – always on what a person could do in a given situation, not on what the person should do
- \* The aim is not to prescribe action or behaviour that must be adopted but rather
  - a. to look for creative solutions which an individual can actually use
  - b. to develop and encourage the skills and creative thinking and problem-solving

## **PROBLEM SOLVING STRATEGIES IN PROTECTIVE BEHAVIOUR**





1. Listen to your body's warning signals
  - \* Acknowledge and become aware of your feeling
2. State / define the problem
  - \* Decide what is the problem
  - \* Own the problem ?
3. Brainstorm action/option to be taken
  - \* Review option: What is practical and helpful to the given situation?
4. Priority
  - \* Which action will you take first?
5. Persist
  - \* If the first option does not work, try another

### **PROBLEM SOLVING USING THE ONE STEP REMOVE APPROACH**

It is making use of FORWARD LOOKING STATEMENTS that help address difficult issues without scaring children.

#### **EXAMPLES:**

"What if someone shouts at you...."

"How could someone feel safe if...."

"We can take action...."

..... one step remove approach can be used with people of all ages to explore options for confronting and eliminating varied situations of abuse.

#### **REASONS FOR THE ONE-STEP REMOVE STRATEGY**

- \* People are more creative when thinking in abstract
- \* It provides "emotional distance" for people examining an unsafe situation

**AIM IS NOT TO PRESCRIBE ACTIONS OR BEHAVIOURS THAT MUST BE TAKEN BUT TO:**

- a. look out for creative solutions which can actually be used
- b. Develop and encourage the skills of creative thinking and problem solving



## **SAFE OPTIONS / STRATEGIES**

1. Do something
2. Talk to your network
3. Speak out
4. Get involved
5. Say no, run and tell
6. Persist to get some action / help

## **PROBLEM SOLVING QUESTIONS**

Non-abusive situation

How could someone feel safe even if they were scared of getting lost in the supermarket?

### ***Physical abuse***

How could someone feel safe even when someone else had hurt them?

### ***Verbal abuse***

How could someone feel safe even when someone else keeps yelling at them or calling them names?

### ***Sexual abuse***

How could someone keep feeling safe even if someone else was touching them (or wanting to touch them) in ways they felt uncomfortable (or yucky, or scared) about?

How could someone feel safe even if someone else was asking them to do things they felt uncomfortable about?

## **NOW LETS SEE THINGS ABOUT KEEPING SAFE**

Lets take this question

How could someone keep safe when someone else insults or yells at them?

1. Tell them:
  - "You don't have to yell"
  - "I feel hurt"
  - "You will scare when you yell"



2. Let go:
  - "Play some music"
  - "write in your journal / diary"
  - "Draw an angry picture"
  - "Talk to a pet"
3. Ask them:
  - "How would you feel if I yell back"
  - "To speak more softly"
4. Get away
  - "To a friend's house"
  - "To your room"

Talk to someone in your network – persist

*How could someone feel safe when someone else is caught in an unsafe situation / non-abusive e.g., child left alone at home / lost in a supermarket situation?*

- \* Talk to a stranger
- \* Break a secret
- \* Run to a support network
- \* Teach them how to use the phone
- \* Teach them emergency numbers they would call
- \* Prepare a list of support network

*How could someone feel safe when someone else is being sexually abused?*

- \* Yell and scream
- \* Break a secret
- \* Break something
- \* Talk to a stranger
- \* Cry
- \* Run
- \* Report
- \* Say no



***How could someone feel safe if he / she or someone else is being physically abused?***

- \* Talk to a friend, parents or neighbour
- \* Report the abuse
- \* Say no
- \* Get help from a friend or a professional

## **SESSION - XXI**

The session by Dr. Kumarababu, Head of the Department of Psychiatry, Stanley Medical College, Chennai started at 4.45pm. The very interesting and useful topic of the workshop,

### **MEDICAL PROCESS IN HANDLING SEXUAL ABUSE OF CHILDREN**

The topic was handled by him in a proficient manner. He elicited all the information from the participants themselves. He made them react to certain imaginary situations and think about how they would respond to it. As and when the participants came out with their ideas, he refined them to form novel themes.

Thus, the profile of the child abuser was identified as

- \* a intelligent person who can manipulate things
- \* having a sense of power over the child
- \* having abnormal pervertedness
- \* exhibitionism
- \* having a prolonged closed contact with the child
- \* the predictability of the child's movements
- \* this person can be milk man, news paper boy etc who visits the place almost everyday
- \* He abuses the child in a well planned manner

He said that certain religious superstitions also lead to situations where the child is abused sexually. It is said that if a man with sexually transmitted disease has sex with a child then he will be cured of the disease and it might improve his longevity also.

Medically, a sexually abused child can be identified by unexplained facial injuries, nail marks, one eye swollen and closed, lacerated, swollen and bleeding genital areas, contusions in the thighs etc.

Methods of dealing with posttraumatic situations were also explained clearly. Initially some pain relievers should be given to the child. The child can also be fed and given some water so that it can cope up with any dehydrating situations.



He also indicated certain "don'ts"

- \* Don't wash the injuries or clean the wound
- \* Physical handling of the child should be avoided
- \* Immediately inquiries about the incident to the child should not be made
- \* Don't talk to the child anything about the abuser or the future.
- \* Do not allow anybody else to probe the child
- \* Never handle the wounds yourself because by doing it we will be helping the abuser to escape from the clutches of law
- \* Never reveal the identity of the victim to the press
- \* Don't admit the child in a private hospital, always admit it in a Government hospital and get the case entered in the Accident Register and copy of the same may be procured
- \* He suggested not to leave the child alone with a servant maid etc for a long time, for this might invite abusive situations.

He also highlighted that these crimes are dark figured and out of 100 abuses only 2 cases are reported. Nowadays, there are so many techniques to identify the abusers such as using the DNA analysis etc. Inspite of all that, the wheels of justice grinds slowly.

## **SESSION - XXII**

This was a video session at 9.30pm, in which incidents of child abuse as described by the victims and the network, was screened to the participants.

☆☆☆☆☆



The days proceedings started at about 9.00am in the morning. An evaluation form was distributed among the participants. In the evaluation form

- Extent of achievement of the objectives
- Things they learnt in relation to the objectives
- Ratings of the subject matter and activities
- Training materials, program schedule
- Resource person
- Facilities / Venue
- Their suggestions and recommendation for future training workshops

Similarly, a checklist of potential training for the staff working with street children / sexually exploited children, was also distributed. They were requested to mark the topics for which they needed training.

### **SESSION - XXIII**

Ms. Nancyline Agaid started about the basic understanding about case management.

### **DEFINITION OF CASE MANAGEMENT**

It is the process of enabling persons, mobilize resources (internal and external) to achieve a desired outcome (behavioural or environmental)

It refers to the process of helping individuals in a one to one relationship, usually the parent or child to deal with his/her identified dysfunctional behaviour and help him/her develop an access to resource that will enable him/her to deal with this.

### **PURPOSE OF CASE MANAGEMENT**

#### ***Goal***

Enhancement of the social functioning of an individual to achieve quality of life

#### ***Functions***

- To help restore enhance, modify and maintain the social functioning of the clients
- To help clients move beyond survival level by enabling them or providing them with opportunities that will help create conditions for change.



## ***What is a case?***

A person in a situation in need of, asking for, or seeking help : a client

## ***What is management?***

This is how the members of the team enable the child to perform specific tasks or activities, and use the agency and other resources to reach or achieve the desired results in a systematic way

Case management therefore is an interactive process which the client and the worker consciously work together to resolve a problem

## ***Who are involved in case management in any agency?***

Case management is handled by several people in a multi-level system of a social agency whose individual role blends or complement each other to hasten the helping process.

### ***a) Street Educator***

- Establishes initial contact with the street child.
- Conducts street-based services before a child is referred to appropriate agency program/service.

### ***b) House parent***

- Provides substitute parenting by looking after the physical and day to day needs and emotional well-being of the child in a center-based program. This is the same role of the foster home families.

### ***c) Social Worker***

- Provides overall leadership in the management of cases.
- Responsible for intake and subsequent social work services with the child improve his relationship with his family/environment or helps the family enhance social functioning through an effective problem solving situation
- Prepares the treatment / helping plans together with the child and his / her parents
- Provides leadership in the implementation of the treatment plans
- Monitors and regularly evaluates the results of the helping / treatment plans
- Responsible for organizing regular case conferences to follow-up progress of the child/family



**d) *Psychologist***

- Looks after the psychological needs of the child through individual or group therapy sessions. This is necessary when children present a pathology due to deep-seated emotional problem.
- Administers a thorough psychological and personality test on the children. Interprets results to members of the team

**e) *Psychiatrist***

- Cures pathology of a deep-seated emotional / psychological problem of the child

**f) *Agency administrator***

- Provides for general supervision of the total caseload review
- Conducts monthly caseload review to make sure that all cases of children are moving
- Provides leadership and direction in case management in consultation with team members.

**Key factors that influence case management in a social work agency or social work practice**

The client (or the clientele system) and the social worker mutually working together in a process of social change

***Client***

- His / her view of the problem or difficulty
- Coping capability
- Personal characteristics and resiliency (Capability to withstand, recover and ever grow from a negative experience)
- Immediate social support systems
- His/her view of how to achieve desired change

***Social worker***

- His/her personal characteristics
- Conscious use of "self" not using his/her biases and value judgments
- Understanding and skills



- Goal and functions of social work
- Intervention models which can be used in effecting social change
- Professional theoretical frameworks
- Social work values, concepts, principles and methods
- Enabling roles / helping roles
- Professional background and experience

### ***Social agency***

- Policies, strategies, social programs/project and interventions-

### ***Social environment***

- Client's social support system and resources available that are required to achieve the desired social change.

## **BASIC ELEMENTS IN CASE MANAGEMENT**

### ***Trust***

The social worker cannot help a person if he/she does not trust the helping person. Trust must be established first before moving on the case management

### ***Confidentiality***

Basic respect for privacy of the client is important. Assure him/her that everything he / she will share will be kept in strictest confidence

### ***Self-determination***

The client make his/her own decision about his/her own life. The Social Worker's role is to provide options and opportunities or help client explore alternatives.

### ***Implications:***

- Effective case management enables the client to heal his/ her own problem. Through the problem solving process he/she is given opportunity to make active decisions where he/she can value his/her ideas and support his/her endeavors
- Ineffective case management may add further damage on the situation or the client
- Enhances team and interdisciplinary approach in problem solving
- Strengthen professional skills in social work practice
- Ensures effective services delivery to the client system in the most scientific and systematic manner



## **BASIC PRINCIPLES OF CASE MANAGEMENT**

1. The social worker should understand clearly the focus of case management that it is on the person not on the services that the agency is providing. On who is he/she, on what he/she wants, and what he/she do to resolve his/her present situation
2. The basic principle in helping the person in crisis situation or has certain problem or dysfunction is the capability of the worker to look at the case differently from each other, starting from:
  - Where the client is now
  - Who are the significant persons in his/her life
  - What does he/she think is his/her problem now, and
  - What he can do for himself/herself now
3. The social workers should always remember and understand that they are working with people who are socially functioning and with coping capabilities except that at the moment they have a problem and their problem-solving capability temporarily broke down.
4. The social worker should understand that while they are concerned about the history of the case, it should be clear that this is being done to determine client's coping capabilities – how he/she feels about the present problem and how he/she is coping and managing he stressful condition he/she is currently experiencing
5. The social worker should always look for what the client can do for his/her present condition/dysfunction and not what he/she cannot do
6. The client is the most important source of data. The social worker need not go home visits or collateral interviews, unless necessary to validate relevant information
7. The social worker's distinctive skill in case management is to be able to determine the readiness of the client to help him/herself and be helped by other persons in the social support system/network.
8. The social worker must believe that everybody changes, except that others are just slower or faster than the others
9. The social worker intervene for the person with a dysfunctional behaviour only when necessary to accelerate the process of change in his/her present functioning or coping capability



10. The process of helping a person is raising the level of consciousness of his /her present behaviour, help him/her clarify and analyze how it is affecting him/herself and others so he/she will determine where he/she is now
11. The social worker should not look at the problem of the client at her (social worker) point of view but always on the client's point of view instead
12. Self-awareness of the social worker is a very important element in case management. He/she should set aside her own biases and value judgments. They should always know how to manage their own feelings.
13. Social workers are enablers and not necessarily direct providers. Their enabling skills are applied with other to improve the client's social functioning. Determine what is the need and how he/she can restore his/her ability to change his/her life
14. In preparing the social case study, the Social Worker should look into the pattern of behaviour of the client and the nature and quality of relationships among those involved in the case in order to be able to make a realistic assessment
15. Only the client can restore his/her social functioning, but the social worker will make it possible for him/her to do so
16. In the case management process, the social worker should always look into the following:
  - What are the critical incidents/events in the life of the client which causes and created an impact in his/her present problem or dysfunction
  - What were his/her anxieties and feelings about these critical incidents/situations
  - How are these feelings manifested in his/her present behaviour

## **SESSION - XXIV**

The twenty fourth session started after a short break at 12.15pm. Ms Nancyline Agaid highlighted certain guiding questions, which can be asked during the case interview.

### **QUESTION GUIDE**

#### **1. Identity information**

Particulars such as Name, Age, Where he/ she is from should be asked. Full details regarding their family etc. should be asked only after building up a good rapport with the kid. Sometimes the child may not be telling the truth.



## **2. Details on the reference**

- Why she/he referred to this agency?
- How long has he/she been here?
- Who brought him/her here?
- Why is he/she not with his/her family?
- What does he/she think is/are his/her problems?
- How does he/she feel about being here?

## **3. History of the problem**

- Ask him/her to tell you the whole story
- Let them recall from the start of events.
- What happened?
- At what age this problem started to happen to them?
- Who were involved?
- How many times they were abused?
- Whether there was any involvement of his/her parents or other persons in this story?
- If they were involved how did he/she feel about them then and now?
- How did he/she feel when those critical events were happening in his/her life?
- What does he/she feel about the person(s) who did this to him/her?

## **4. Help seeking**

- What did he/she do to handle those feelings?
- Where did he/she go to or ask for support?
- What kind of support she sought for?
- How did they help him/her during those events?
- Did you inform your parent about what happened to you?
- How did they respond to your call for help?



- How did you feel about them then and now?
- Do you still have contacts with them?
- Does any of your brother/sister/relative know about your problem?
- Did they help?
- How do you feel about them?
- How was the child prior to the abusive incident (the child can be asked to describe it herself)
- How was her/his relationship with parents/brothers/sisters/other relatives?
- Were they supportive?
- Was he/she loved and cared for?
- If not, why wasn't he/she loved and cared?

#### **5. *Management of self in present situation***

- What was the child doing since it came to this agency?
- What activities help in resolving the previous events?
- Who is helping them in the agency?
- Are there still negative feeling about the event?
- Has the child discussed about the problem with the social worker in the agency?
- How are they relating with each other in the center
- Do they still communicate to their families?
- How often?
- What does the child tell them when it meets them?

#### **6. *Formulating helping plan***

- What all happened?
- How do they plan out helping strategy?
- Why do you think that this plan is good?
- What does the child want to do in the agency?



- What are the plans of the family for the child?
- How will they help?
- How long the child is planning to stay in the agency? Why?

***Thank the child after the interview***

## **SESSION - XXV**

The twenty fifth session started at 2.00pm after lunch. Ms Nancyline Agaid described about case recording.

### **CASE RECORDING IS IMPORTANT BECAUSE**

- It helps one to remember important information
- It helps to note down the clients improvement
- It helps in effective case management by making things much clearer
- It helps in providing continuity
- It gives clarity on how to help the client

The case contact report or case recordings or progress note are all information or date related to the client case. All the case contact with client should be recorded.

### **CONTENT OF THE CASE REPORT**

1. What did the child and the worker say or do  
This includes all the expressions, actions, feelings and thoughts
2. Why certain things were said and done by the worker? – The purpose
3. Feedback, explanations, information, classification – obtained from the client's family
4. General observations:

***If home visit:***

- About family/ relatives
- About their attitude
- Clients attitude
- Attitude towards the social worker
- About the physical surroundings



### ***If hospital visit:***

- How the client is feeling
- How he thinks
- Client's behavioural and physical condition
- Information gathered from the medical practitioners – doctors, nurses etc

### ***If jail visit:***

- Note the change if any
- Improvement in behaviour
- Plan for rehabilitation upon release
- Information gathered from jail personnel

## **GROUP ACTIVITY - XII**

The participants of the workshop were request to tell out the number 1,2 & 3, loudly. Now each one of had one of the three numbers. A '1', '2' & '3' were told to form a group. There were so many group. Exercises were given to them.

Ex 1: Number 1 should talk about their first experience in love. Number 2 will be a listener. Number 3 will be an observer. Number 1 should shut their eyes while they keep telling their story. After sometime, number 2's and 3's were told to leave the hall without the knowledge of number 1. The number 1's continued to talk as they did not know that the listeners have gone. When they were told to open their eyes, obviously, there was shock and disappointment on their faces.

### ***Outcome of Ex:1***

This tells us that everyone expects that somebody should listen to them when they tell something and keep responding to it. When they realise that nobody bothered to listen to them, they felt so hurt. Particularly, when they are sharing something very important and personal with them.

### ***Ex : 2***

Now number 2's were told to speak about what they will do if they are the Prime Ministers of the country. Number 1's will be the listeners and number 3' would be observers. But the number 3's were taken apart and were instructed to interrupt when number 2 was talking.



## ***Outcome of Ex : 2***

The number 2's were highly irritated about the interruptions and seemingly disinterested listeners. Almost everybody stopped to talk because of it. They thought it was not of any use to continue this way. Again listening without any interruptions does make a person to come forward and share their thoughts and feelings.

## **SESSION - XXVI**

This was the last session of the workshop by Ms. Nancyline Agaid.

## **COMMUNITY MOBILIZATION FOR THE PROTECTION, PREVENTION AND CARE OF ABUSED AND PROSTITUTED CHILDREN.**

This was a Pasay city Network experience.

## **VISION**

A humane society free from oppressive elements that upholds children's dignity and rights in which a sexually exploited child may find love, care and protection and a new life and hope through self-respect thus becoming a whole person in the community.

## **MISSION STATEMENTS**

### **WE PLEDGE:**

1. To actively advocate to the rights and welfare of the abused and exploited children;
2. To assist parents to be aware of their duties and responsibilities;
3. To provide care, support and protection for sexually exploited children;
4. To remove children from exploitative situation and integrate them into the mainstream of society;
5. To help organize and sustain a functioning Barangay council for the protection of children in Barangay;
6. To work for the passage of law to consider a sexually exploited child as a victim not an offender;
7. To work for the implementation of law banning the proliferation of pornographic materials.

## **Goals**

1. To raise community consciousness and action on the prevention and elimination of child prostitution;
2. To develop local capability for advocacy and direct service among community groups, NGOs, government workers, and volunteers in Pasay;



3. To reach out to children on the streets, provide care and rehabilitation services to prostituted and abused girls below 18 years of age.

### ***Target Beneficiaries***

1. Children, particularly prostituted girls
2. Barangay Captains and the Kabataang Barangay
3. Police
4. Church groups
5. Public schools and universities
6. NGOs, Pos
7. Government Agencies (Prosecutor's/Fiscal Offices)
8. Municipal Council / Local Government Units
9. Owners of Recreational Establishments

### ***Geographic focus***

The project particularly the advocacy component will eventually focus on the whole of Metro Manila. However, initially, the pilot phase of the rehabilitation component has been initiated in Pasay City. The nucleus of the activity is focusing on areas around Liberated and Roxas Boulevard areas.

### ***Task force members***

1. Department of Social Welfare and Development
2. Philippine Information agency
3. Philippine National Police – Pasay City
4. Pasay City Health Department
5. Council of the Welfare of Children
6. DSWD National Capital Region and CHIPS
7. Department of Interior and Local Government
8. Division of City Schools
9. Barangay representatives
10. Pasay City Communication Groups
11. Philippine General Hospitals – Child Protection Unit



## ***Non-Government Organisations who are actively involved in task force committee***

1. Aloutte Foundation
2. Bridge of Hope
3. Maryville – Bukas Kamay Project
4. Our Lady of Sorrows Outreach Foundation, Inc.
5. Sons of Mary / Pangarap Shelter
6. SPECS Foundation
7. Ina-Anak Foundation
8. Sta. Clara Parish
9. San Rafael Parish
10. Pasay United Methodist Church
11. ECPAT – PHILS
12. Ateneo Human Rights Center (AKAP)
13. Serra's center for girls
14. Volunteer Advocates and Counselors
15. Youth Volunteers
16. Belen sa Pasay

## **PROJECT COMPONENTS**

### ***1. Advocacy***

***Goal :*** To raise consciousness and mobilize action on the prevention and elimination of child and youth prostitution.

***Capacity building:***

***Specific objectives***

- a. Task force committed against child prostitution
- b. Followup sessions

### ***2. Street education program***

***Specific objectives***



1. To facilitate changes in the conditions of abandoned and working children in areas of health, nutrition, education, recreation and protection with the ultimate aim of encouraging the personal development of each individual child.
2. To provide an opportunity / venue for the children to understand the immediate underlying cause of their situation in the streets.
3. To work intensively with the community: community leaders, the police, business and religious groups etc. The aim is to raise awareness about the situation and mobilization of community action on behalf of the children on the street.
4. To continue to facilitate the reconciliation of street children with their families and facilitate referrals to children (especially girls) to shelters when children are at risk

### ***Para-legal Education:***

#### ***Specific Objectives***

1. For adult / youth volunteer advocates and barangay leaders / residents to be oriented on para-legal education.
2. Provide legal assistance and/or para-legal education to Barangay children and youth either from the streets or from the different network agencies.

### **VALEDICTORY PROGRAM**

The workshop has given professional inputs to the participants to enhance their knowledge and skill to prevent child sexual abuse. The workshop came to a close on the 22nd February with an evaluation and distribution of Certificates to the participants. Mr. Abraham Pradeep Kumar member of Madras NGO Forum for Street Children distributed the certificates. This workshop was a timely need to educate the social workers who are working in the field. This sensitive topic was also held in a very sensitive place where highest paedophilia cases were reported in Tamil Nadu, Mamallapuram. A well-planned action should be followed by this workshop to first educate the children and parents on child sexual abuse and an intensive campaign against child sexual abuse and Paedophiles should be the initiative to go further to end Abuse of Children in our country.

To quote Rev. Martin King Luther Jr

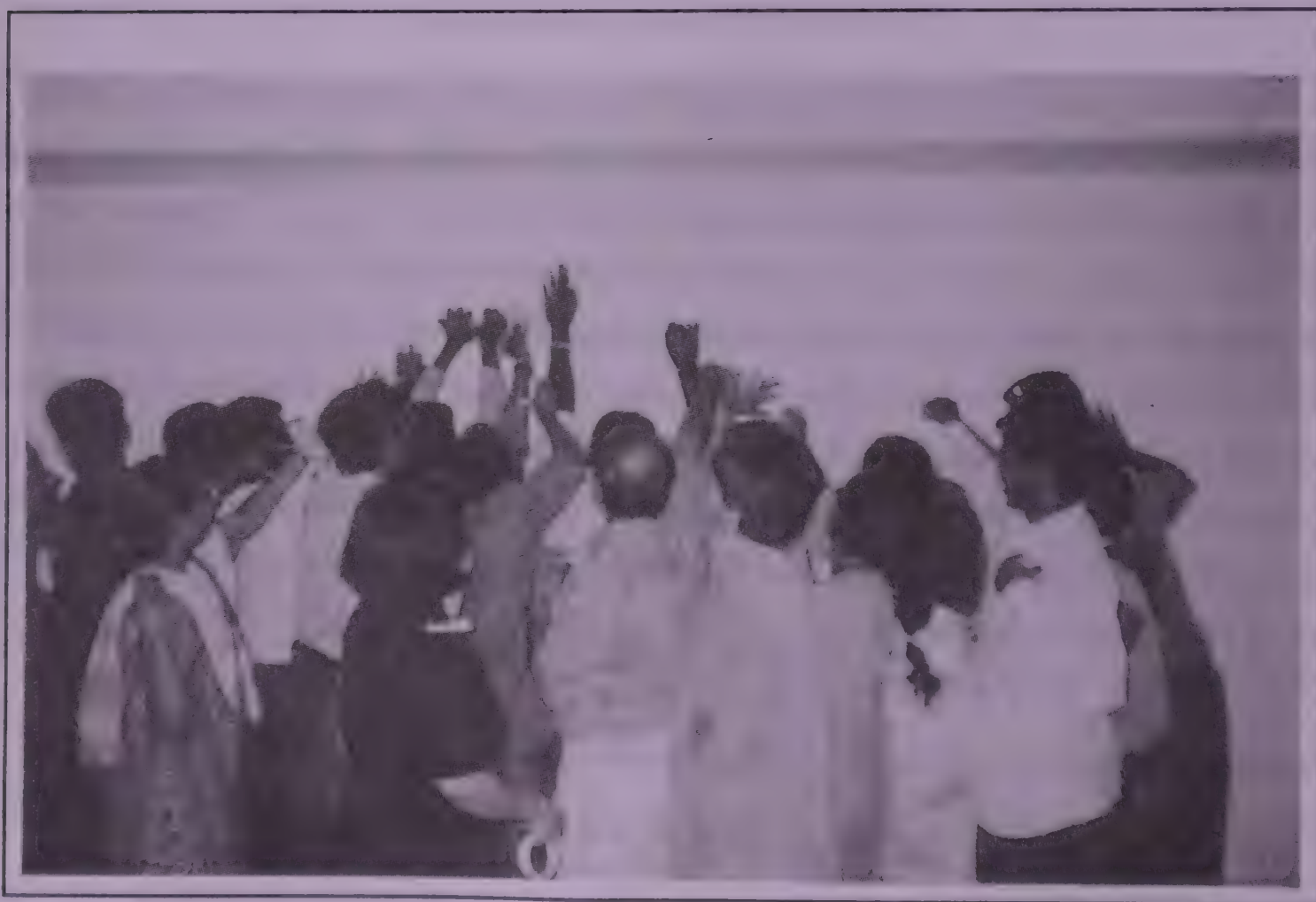
***“Injustice anywhere, is a threat to justice every where”***

**\*\*\*\*\***





Mrs. **KANNAGI PACKIANATHAN**, I.A.S. addressing the participants during the inauguration of the Workshop

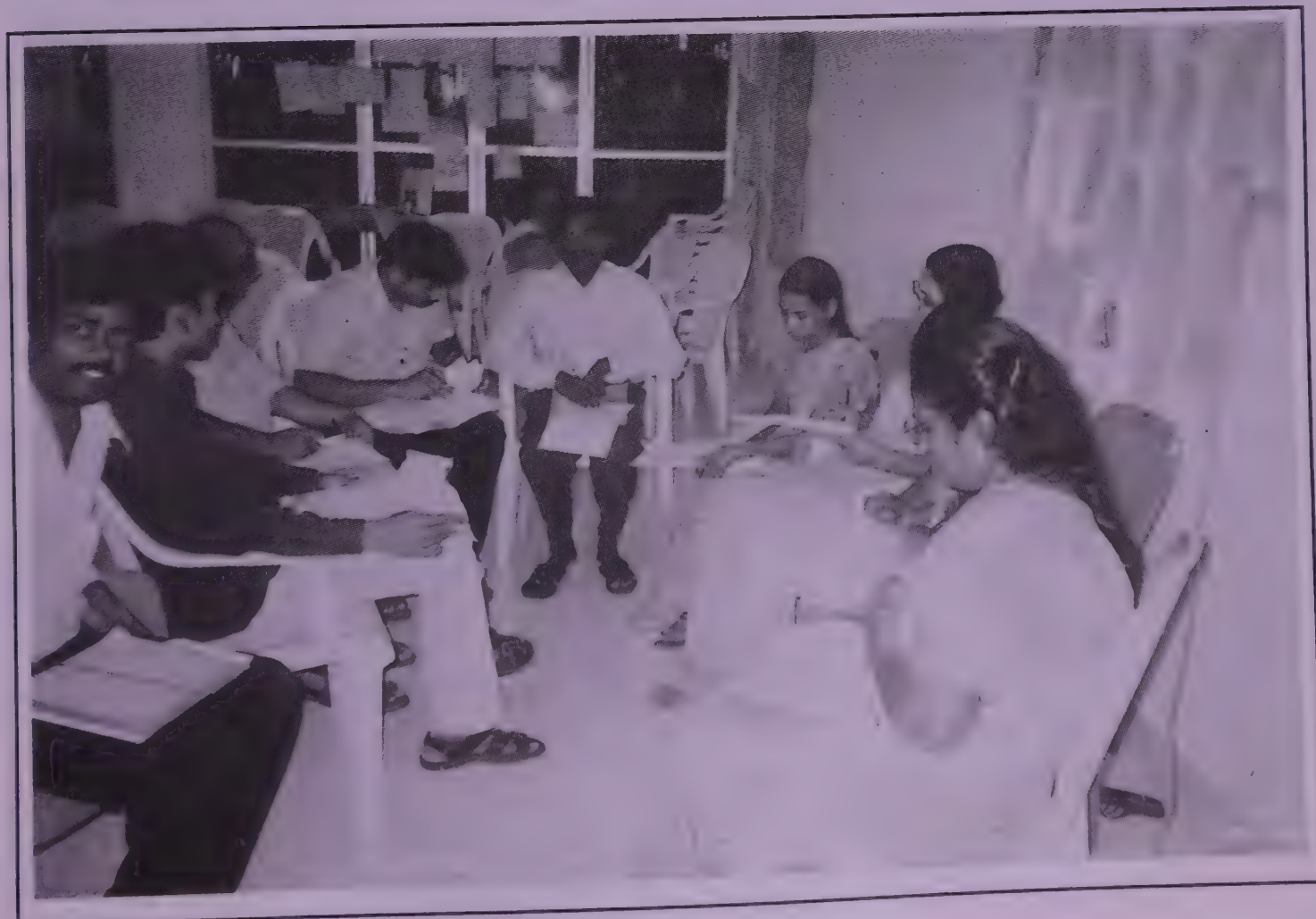


Evolving a sense of unity during the introductory session





PARTICIPATION WITH FUN AND FOCUS







GROUP ACTIVITIES WITH A PURPOSE



PARTICIPANTS OF THE WORKSHOP



**APPENDIX -I****WORKSHOP RESOURCE TEAM**

- |    |                                 |                               |
|----|---------------------------------|-------------------------------|
| 1. | <b>Mr. N. Paul Sunder Singh</b> | Host Coordinator/Convener MNF |
| 2. | <b>Ms. Nancyline Agaid</b>      | Resource Person, Philippines  |
| 3. | <b>Dr. Kumara Babu</b>          | Resource Person               |
| 4. | <b>Mr. Kannayiram.</b>          | Resource Person               |
| 5. | <b>Mr. Arul Raj</b>             | Resource Person               |
| 6. | <b>Dr. M.B. Pavithra</b>        | Interpreter                   |
| 7. | <b>Ms. Silvina Sangeetha</b>    | Documenter / Translator       |
| 8. | <b>Mr. P. Joseph</b>            | Support Staff.                |

**LIST OF PARTICIPANTS**

| S. No. | NAME OF THE PARTICIPANT    | Name of the Organisation / Address   |
|--------|----------------------------|--|
| 1.     | <b>FR. SEBASTIAN S.D.B</b> | <b>Don Bosco Anbu Illam (Chennai)</b><br>#25, Kulandai St, Park Town, Chennai - 3.   |
| 2.     | <b>Mr. SHIVAMALLU</b>      | <b>Bosco - Bangalore</b><br>#81, B. Street, 6 <sup>th</sup> Cross, Gandhi Nagar, Bangalore - 560 009                         |
| 3.     | <b>Mr. X. SANGAPPAN</b>    | <b>Psycho Trust</b><br>#145, II Cross, Vaiyapuri Nagar, Karur -2.  |
| 4.     | <b>Mr. K. RAJENDIRAN</b>   | <b>WARM</b><br>31/14, Sattanaickan Street, Thiruvannamalai.  |
| 5.     | <b>Mr. S. MUTHU KUMAR</b>  | <b>Vidiyal</b><br># 6, A.A. Road, Rathinapuram, Madurai-14   |
| 6.     | <b>Mr. C. SASI</b>         | <b>SOC, SEAD,</b><br>P.B.No. 395, Old Goods Shed Road,<br>Teppakulam Post, Trichy  |
| 7.     | <b>Mr. P. RAJA</b>         | <b>SAVE</b><br>5, Iswariya Nagar, Near Govt. Hospital,<br>Dharapuram Road, K.N.P. Colony(P.O) Tirupur -8.                    |
| 8.     | <b>Mr. D. JEBARAJ</b>      | <b>REDS</b><br>Kooturavupatty, Idayamelur-PO. Sivagangai - 630 562.  |
| 9.     | <b>Ms. STELLA P. RANI</b>  | <b>Human Development Trust</b><br>Infant N.F.T. Centre, No - 90,<br>Sri Ponnaiah Nagar, Onangudi-P.O,<br>Arimalam - 622 201. |
| 10.    | <b>Sr. SAHAYAM</b>         | <b>Marialaya</b><br>29, Pedaiyar Koil Street, Chennai - 600 001.   |



# LIST OF PARTICIPANTS

| S. No. | NAME OF THE PARTICIPANT | Name of the Organisation / Address   |
|--------|-------------------------|--|
| 11.    | Mrs. G. RAJESWARI       | <b>PARD</b><br>P.Box. No.81, Madurai – 20  |
| 12.    | Mr. R. VIJAY            | <b>Jeeva Jyothi</b><br>58, Chinna Kulandai Main Street,<br>Maduma Nagar, Perambur, Chennai – 7.                                  |
| 13.    | Mr. KARPAKAM            | <b>Nesakkaram –Seeds</b><br>50, 3 <sup>rd</sup> Main Road, West Shenoy Nagar, Chennai – 30.                                      |
| 14.    | Ms. D. AMALA PUSHPAM    | <b>Saranalayam</b><br>Babuji Nagar, Tirunelveli – Dt   |
| 15.    | Mr. KANAGA SABAPATHI    | <b>SOCIETY FOR SOCIAL DEVELOPMENT</b><br>35 B2, Ashok Avenue 1 <sup>st</sup> Floor,<br>Sarguna Veethi North, Nagercoil, 629 001. |
| 16.    | Mr. P. SRITHARAN        | <b>Asha Nivas</b><br>No.9, Rutland Gate, Vth Street, Chennai – 6.  |
| 17.    | Br. K. JOHN BARNABAS    | <b>Don Bosco Anbu Illam (Salem)</b><br>230, Brett's Road, Mulluvadi Gate, Salem – 636 007.                                       |
| 18.    | Ms. VIDYA REDDY         | <b>ICCW</b><br>6, 1 <sup>st</sup> Cross Street, Lake Area, Nungambakkam, Chennai – 102.  |
| 19.    | Mr. V.K. RAMALAKSHMI    | <b>SWAGA</b><br>81-C/4, Valluvar Nagar, Kadalaiyur Road, Kovilpatti – 1  |
| 20.    | Mr. P. KARTHIK          | <b>Don Bosco Anbu Illam (Kovai)</b><br>38, G.M. Nagar, Bypass Road,<br>P.B.No. 409, Ukkadam, Coimbatore – 1.                     |
| 21.    | Mr. M. GANAPRAGASAM     | <b>WCDDT</b><br>(Women and Child Development Trust)<br>Veerareddy Kuppam, Palayapattinam P.O,<br>Virudhachalam –T.K, Cuddalore   |
| 22.    | Mr. A. RAMALINGAM       | <b>Asian Youth Centre</b><br>123/9, Bharathi Colony, 15 <sup>th</sup> Main Road,<br>Anna Nagar West, Chennai – 40                |
| 23.    | Mr. R. VEDACHALAM       | <b>New Hope ADP</b><br>No.10/82, 5 <sup>th</sup> Street, Phoombogar Nagar, Kulathur, Chennai –99.                                |
| 24.    | Mr. S. SUDHAKAR         | <b>IRDS</b><br>32, Railway Colony, Picket, Secunderabad – 500 026, A.P   |
| 25.    | Mr. P.M. KUMARAN        | <b>Karunalaya</b><br>15, L.I.G. Colony, III Street, New Washermenpet, Chennai. 81.   |
| 26.    | Mr. C.M. GUNA SEKAR     | <b>Tuticorin Multipurpose</b><br><b>Social Service Society, Tuticorin</b>  |



# PROGRAM SCHEDULE

| DATE / TIME       | TOPIC / ACTIVITY  |
|-------------------|---|
| <b>18-02-2003</b> | <b>1st DAY</b>  |
| 10.00 – 10.30     | Registration  |
| 10.30 – 11.15     | Inauguration  |
| 11.15 – 11.30     | Break   |
| 11.30 – 1.15      | <b>Session – I</b> <ul style="list-style-type: none"> <li>• Energizer</li> <li>• Group activity I</li> <li>• Introduction of Participants, training staff and about the sponsoring organization</li> </ul>    |
| 1.15 – 1.45       | Lunch Break   |
| 1.45 – 3.30       | <b>Session – II</b> <ul style="list-style-type: none"> <li>• Energizer</li> <li>• Group activity II &amp; III</li> <li>• Expectation setting and Leveling of expectations</li> </ul>                          |
| 3.35 – 5.00       | <b>Session – III</b> <ul style="list-style-type: none"> <li>• Understanding child sexual abuse</li> <li>• General situation of child sexual abuse in India</li> </ul>   |
| 5.00 – 5.15       | Tea break   |
| 5.15 – 6.00       | <b>Session - IV</b> <ul style="list-style-type: none"> <li>• Presentation of workshop goal, objectives and program schedule</li> <li>• Child abuse, exploitation and discrimination in Philippines</li> </ul> |
| <b>19-02-2003</b> | <b>2nd DAY</b>  |
| 8.15 – 8.30       | Prayer, energizer and recapitulation  |
| 8.30 – 10.30      | <b>Session – V</b> <ul style="list-style-type: none"> <li>• Psychodynamics of sexually abused children</li> <li>• Group activity - IV</li> </ul>  |
| 10.30 – 12.00     | <b>Session – VI</b> <ul style="list-style-type: none"> <li>• Definition of child abuse</li> <li>• Types and forms of child abuse</li> </ul>   |
| 12.00 – 12.30     | Break   |
| 12.30 – 1.30      | <b>Session – VII</b> <ul style="list-style-type: none"> <li>• Why Children don't tell when they're abused?</li> <li>• Why Children finally tell that they're abused?</li> </ul>                               |
| 1.30 – 2.30       | Lunch break   |



| DATE / TIME                       | TOPIC / ACTIVITY   |
|-----------------------------------|--|
| 2.30 – 3.30                       | <b>Session – VIII</b> <ul style="list-style-type: none"> <li>• The pre-condition model of child sexual abuse</li> </ul>  |
| 3.30 – 5.00                       | <b>Session – IX</b> <ul style="list-style-type: none"> <li>• The child sexual abuse accommodation syndrome</li> <li>• Group activity – V : Case analysis and presentation</li> </ul>   |
| 5.00 – 5.15                       | Tea Break  |
| 5.15 – 6.00                       | <b>Session - X</b> <ul style="list-style-type: none"> <li>• Dynamics of child sexual abuse</li> </ul>  |
| <b>20-02-2003</b><br>8.45 – 9.35  | <b>3rd DAY</b><br>Prayer, energizer and recapitulation<br><b>Session – XI</b> <ul style="list-style-type: none"> <li>• Rights of the Philippine child</li> <li>• Means and method of handling a sexually abused child</li> <li>• Effects of sexual abuse</li> <li>• Responses to the risk of violence</li> </ul> |
| 9.35 – 11.30                      | <b>Session – XII</b> <ul style="list-style-type: none"> <li>• Legal process in handling child abuse</li> </ul>   |
| 11.30 – 12.00                     | Break  |
| 12.00 – 1.15                      | <b>Session – XIII</b> <ul style="list-style-type: none"> <li>• Child Protective behavior program</li> <li>• Group activity VI: Theme 1: We all have the right to feel safe all the time</li> </ul>   |
| 1.15 – 2.15                       | Lunch Break  |
| 2.15 – 3.15                       | <b>Session – XIV</b> <ul style="list-style-type: none"> <li>• Understanding the concept of “safety” in relation to prevention of child abuse</li> </ul>  |
| 3.15 – 4.00                       | <b>Session – XV</b> <ul style="list-style-type: none"> <li>• Experience of a NGO in dealing with child sexual abuse in India</li> <li>• Group activity – VII: Safe and unsafe touches</li> </ul>   |
| 4.00 – 4.15                       | Tea break  |
| 4.15 – 6.00                       | • Continuation of session XV: Group activity – VII: safe and unsafe touches  |
| 6.00 – 7.00                       | <b>Session – XVI</b> <ul style="list-style-type: none"> <li>• Early warning signs</li> <li>• Group activity VIII</li> </ul>  |
| <b>21-02-2003</b><br>8.45 – 10.00 | <b>4th DAY</b><br>Prayer, energizer and recapitulation<br><b>Session – XVII</b> <ul style="list-style-type: none"> <li>I Concept of early warning signs of protective behavior</li> <li>I Concept of personal emergency</li> </ul>   |
| 10.00 – 10.15                     | Break  |



| DATE / TIME                       | TOPIC / ACTIVITY  |
|-----------------------------------|---|
| 10.15 – 12.15                     | <b>Session – XVIII</b> <ul style="list-style-type: none"> <li>• Theme 2: Nothing is so awful that we can't talk with somebody about it</li> <li>• Identification of network groups/ community resources/ social support systems</li> <li>• Group activity IX</li> </ul>   |
| 12.15 – 1.30                      | <b>Session – XIX</b> <ul style="list-style-type: none"> <li>• Self esteem</li> </ul>  |
| 1.30 – 2.30                       | Lunch break   |
| 2.30 – 3.30                       | <ul style="list-style-type: none"> <li>• Group activity X and XI</li> </ul>   |
| 3.30 – 4.30                       | <b>Session – XX</b> <ul style="list-style-type: none"> <li>• Concept of problem solving in protective behavior</li> <li>• Philosophy of problem solving</li> <li>• Problem solving using the "One-step remove"</li> </ul>   |
| 4.30 – 4.45                       | Tea break   |
| 4.45 – 6.00                       | <b>Session XXI</b> <ul style="list-style-type: none"> <li>• Medical process in handling sexual abuse of children</li> </ul>   |
| 9.30 – 11.30                      | <b>Session – XXII</b> <ul style="list-style-type: none"> <li>• Video session on incidents of child abuse</li> </ul>   |
| <b>22-02-2003</b><br>9.00 – 12.00 | <b>5th DAY</b><br><b>Session – XXIII</b> <ul style="list-style-type: none"> <li>• Basic understanding about case management</li> <li>• Definition of case management</li> <li>• Purpose of case management</li> <li>• Key factors that influence case management</li> <li>• Basic elements of case management</li> <li>• Basic principles of case management</li> </ul> |
| 12.00 – 12.15                     | Break   |
| 12.15 – 1.00                      | <b>Session XXIV</b> <ul style="list-style-type: none"> <li>• Guiding questions for case interview</li> </ul>  |
| 1.00 – 2.00                       | Lunch break   |
| 2.00 – 3.30                       | <b>Session – XXV</b> <ul style="list-style-type: none"> <li>• Case recording</li> <li>• Content of the case report</li> </ul>   |
| 3.30 – 3.45                       | Tea break   |
| 3.45 – 5.00                       | <b>Session XXVI</b> <ul style="list-style-type: none"> <li>• Community mobilization for the protection, prevention and care of abused and prostituted children</li> <li>• Sharing of plan of action</li> </ul>  |
| 5.00 – 6.00                       | <b>Valedictory program</b><br>Program evaluation<br>Distribution of certificates to the participants  |



## MEMBERS OF MADRAS NGO FORUM FOR STREET CHILDREN

|  |   |
|--|---|
| <p style="text-align: center;"><b>ASHA NIVAS</b><br/>9, Rutland Gate, 5<sup>th</sup> Street,<br/>Chennai – 600 006.<br/>Ph: 28279311</p>   | <p style="text-align: center;"><b>KARUNALAYA</b><br/># 15, L.I.G. Colony, III Street,<br/>New Washermenpet,<br/>Chennai – 600 081. Ph: 25971214</p>                       |
| <p style="text-align: center;"><b>ASIAN YOUTH CENTRE</b><br/>123/9, Bharathi Colony,<br/>15<sup>th</sup> Main Road,<br/>Anna Nagar West,<br/>Chennai – 600 040.<br/>Ph: 26161097</p> | <p style="text-align: center;"><b>JEEVA JYOTHI</b><br/>58, Chinnà Kulandai Main Street,<br/>Maduma Nagar, Perambur,<br/>Chennai – 600 007.<br/>Ph: 25591290</p>           |
| <p style="text-align: center;"><b>DON BOSCO ANBU ILLAM</b><br/>25, Kuzhandai Street, Park Town,<br/>Chennai – 600 003.<br/>Ph: 25352101</p>  | <p style="text-align: center;"><b>MARIALAYA</b><br/>29, Pedaiyar Koil Street,<br/>Broadway, Chennai – 600 001.<br/>Ph: 25230780</p>                                       |
| <p style="text-align: center;"><b>INDIAN COUNCIL FOR<br/>CHILD WELFARE</b><br/>No. 50, 3<sup>rd</sup> Main Road,<br/>West Shenoy Nagar,<br/>Chennai – 600 030.<br/>Ph: 26260097</p>  | <p style="text-align: center;"><b>NESAKKARAM – SEEDS</b><br/>No. 6, 1<sup>st</sup> Cross Street,<br/>Lake Area, Nungambakkam,<br/>Chennai – 600 102.<br/>Ph: 28172330</p> |
| <p style="text-align: center;"><b>NEW HOPE ADP</b><br/>No. 36 &amp; 37 Ponnann Street, Purasaiwakkam,<br/>Chennai – 600 007. Ph: 26620511</p>  |   |

**MADRAS NGO FORUM  
FOR STREET CHILDREN**



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## **About Madras NGO Forum for Street Children (MNF)**

*Madras NGO Forum for Street Children is a network of NGOs working for the prevention, rescue and rehabilitation of Street Children found working and living on the streets, parks, pavements, bus station, railway station and public places having sky as their roof without safety and security. In the past 13 years of its existence MNF created a unique identity championing the cause of these vulnerable children and has been a reckoning force in evolving policy and schemes. MNF had played a vital role in the early years of the National NGO Forum for Street Children and continue to advocate and uphold the United Nations Convention on the Rights of the Child.*

**“We all have the right to feel safe all the time”**

**“Nothing is so awful that we can’t talk  
with someone about it”**

